


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90012 030 ***150.00

DOCUMENT # F03000004235

1. Entity Name
 NALV INC.



Principal Place of Business Mailing Address

9301 OLIVE BLVD. 9301 OLIVE BLVD.
 ST LOUIS, MO 63132 ST LOUIS, MO 63132


54063521

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



07132004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 20-0108222 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> Delete
NAME	BILES, JOHN A	
STREET ADDRESS	15-19 NEW FETTER LANE	
CITY-ST-ZIP	LONDON, ENGLAND EC4A 1LY,	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, DAVID J	
STREET ADDRESS	1500 LEBANON RD.	
CITY-ST-ZIP	DANVILLE, KY 40422	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MILLER, ROBERT M	
STREET ADDRESS	425 POST RD.	
CITY-ST-ZIP	FAIRFIELD, CT 06824	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ACKERMAN, STEVE	
STREET ADDRESS	9301 OLIVE BLVD.	
CITY-ST-ZIP	ST LOUIS, MO 63132	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZITNAY, ROBERT L	
STREET ADDRESS	425 POST RD.	
CITY-ST-ZIP	FAIRFIELD, CT 06824	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BAKER, DAVID	
STREET ADDRESS	9301 OLIVE BLVD.	
CITY-ST-ZIP	ST LOUIS, MO 63132	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Baker* 7/13/04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date