2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

DOCUMENT# N03000001077

Entity Name: NATIONAL ASSOCIATION OF DRUG DIVERSION INVESTIGATORS OF FLORIDA, INC.

Current Principal Place of Business:

PO BOX 451892
SUNRISE, FL 333451892

New Principal Place of Business:

Current Mailing Address:

PO BOX 451892
SUNRISE, FL 333451892

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCELHANEY, LISA
2601 W BROWARD BLVD
FT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCELHANEY, LISA
Address: PO BOX 451892
City-St-Zip: SUNRISE, FL 333451892

Title: V ( ) Delete
Name: RICHER-FAIR, LORRAINE
Address: PO BOX 451892
City-St-Zip: SUNRISE, FL 333451892

Title: S ( ) Delete
Name: WIENBERG, MEL
Address: PO BOX 451892
City-St-Zip: SUNRISE, FL 333451892

Title: T ( ) Delete
Name: SCHWARTZ, WILLIAM
Address: PO BOX 451892
City-St-Zip: SUNRISE, FL 333451892

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA MCELHANEY P 04/14/2004

Electronic Signature of Signing Officer or Director Date