


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90147 032 ****61.25

DOCUMENT # P30862

1. Entity Name
NATIONAL ASSOCIATION FOR SHOPLIFTING PREVENTION, INC.



Principal Place of Business
**380 NORTH BROADWAY
 STE. 206
 JERICO, NY 11753**

Mailing Address
**380 NORTH BROADWAY
 STE. 206
 JERICO, NY 11753**

2. Principal Place of Business
 Suite, Apt. #, etc.


3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



04042005 Chg-NP CR2E037 (10/03)

4. FEI Number
22-3010584

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BERLIN, PETER
 19111 COLLINS AVENUE - UNIT 501
 SUNNY ISLES, FL 33160**

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 _____

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LANE, ROBERT C.	
STREET ADDRESS	1931 SABAL PALM DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVY, ROBERT S ACSW	
STREET ADDRESS	475 PARK AVE SOUTH	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEWIS, JAMES, JR.	
STREET ADDRESS	731 FRANKLIN ST	
CITY-ST-ZIP	WESTBURY, NY 11590	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERLIN, PETER D	
STREET ADDRESS	380 NORTH BROADWAY	
CITY-ST-ZIP	JERICO, NY 11753	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUST, PETER	
STREET ADDRESS	55 BROAD STREET 22ND FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10004	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSENBERG, BRAD	
STREET ADDRESS	255 EXECUTIVE DR., STE. 105	
CITY-ST-ZIP	PLAINVIEW, NY 11803	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<input 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 617, 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 information.

SIGNATURE: *Peter D Berlin* **4/7/05** **516-932-0165**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #