

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90010 016 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

60027211



DOCUMENT # 840359 1. Entity Name NATIONAL ASSOCIATION OF STORE FIXTURE MANUFACTURERS, INC.		
Principal Place of Business 3595 SHERIDAN STREET #200 HOLLYWOOD, FL 33021 US		Mailing Address 3595 SHERIDAN STREET #200 HOLLYWOOD, FL 33021 US
2. Principal Place of Business - No P.O. Box # 4651 Sheridan Street Suite, Apt. #, etc. #470	3. Mailing Address 4651 Sheridan Street Suite, Apt. #, etc. #470	
City & State Hollywood, FL Zip 33021	City & State Hollywood, FL Zip 33021	Country USA
4. FEI Number 36-2322620		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MERRIMAN, KLEIN 3595 SHERIDAN ST. #200-470 HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE T	<input type="checkbox"/> Delete NAME FRACKELTON, ROBERT REEVE STREET ADDRESS 9131 BCMUDEZ ST. CITY-ST-ZIP PICO RIVERA, CA 90660	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE VP NAME 9131 Bermudez St. STREET ADDRESS CITY-ST-ZIP
TITLE D	<input type="checkbox"/> Delete NAME FETZER, WALLACE STREET ADDRESS 6223 W. DOUBLE EAGLE CIRCLE CITY-ST-ZIP WEST VALLEY CITY, UT 84118	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE S	<input type="checkbox"/> Delete NAME MERRIMAN, KLEIN STREET ADDRESS 3595 SHERIDAN ST STE 200 CITY-ST-ZIP HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE S NAME 4651 Sheridan St, Suite 470 STREET ADDRESS CITY-ST-ZIP
TITLE D	<input checked="" type="checkbox"/> Delete NAME CARLSON, CHRIS STREET ADDRESS 2305 DANIELS ST. CITY-ST-ZIP MADISON, WI 53718	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE D NAME Donald Depke STREET ADDRESS 11634 Gravois Road CITY-ST-ZIP St. Louis, MO 63126
TITLE P	<input type="checkbox"/> Delete NAME SCHUBERT, JAMES STREET ADDRESS 2300 MAGNOLIA RD CITY-ST-ZIP RICHMOND, VA 23223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE Past Pres. NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP	<input type="checkbox"/> Delete NAME HALE, JACK STREET ADDRESS W. 139, N 9499 HWY 145 CITY-ST-ZIP MENOMONEE FALLS, WI 530320250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE P NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered.		
SIGNATURE:		Klein Merriman 3/12/07 954-241-4824 <small>Date Daytime Phone #</small>

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