

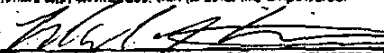
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FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90232 007 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F0000002693			
1. Entity Name NATIONAL ASSOCIATES INC.			
Principal Place of Business 1725 K STREET NW, STE 1103 WASHINGTON, DC 20036		Mailing Address 5630 PENTON ST. SUITE 420 SILVER SPRING, MD 20910	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 52-1018966		Applied For ☐ Not Applicable	
5. Certificate of Status Docketed ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANNAWAY, MICHAEL 8080 N COLONY CIRCLE 101 TAMARAC, FL 33321		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 submit 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 _____ Signature should be printed name of registered agent and for it employees. (NOTE: Registered Agent signature required when transferring) DATE _____			
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2005	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. HANNAWAY, UASTER 1308 IRIS ST., N W WASHINGTON, DC 20012 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS HANNAWAY, PATRICIA 1308 IRIS ST., N W WASHINGTON, DC 20012 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANNAWAY, MICHAEL 8080 N COLONY CIRCLE TAMARAC, FL 33321 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	6543 Racquet Club Dr ☒ Change ☐ Addition Lauderhill, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(2)(b), 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 or after the empowered.			
SIGNATURE:  4/13/05		954-682-5110	
SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	