

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006251

FILED
Feb 06, 2008
Secretary of State

Entity Name: THE NATIONAL INSTITUTE FOR WORKPLACE SAFETY INC.

Current Principal Place of Business:

1855 STATE ROAD 434
218
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1855 W STATE ROAD 434
SUITE 218
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 35-1877220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAITE, JAMES T
1010A EAST MICHIGAN ST
ORLANDO, FL 32806 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WAITE, JAMES T
Address: 1010 A EAST MICHIGAN ST
City-St-Zip: ORLANDO, FL 32806

Title: VPS () Delete
Name: COMBS, JUDITH J
Address: 500 GOLF TEE LANE APT 232
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPS (X) Change () Addition
Name: COMBS, JUDITH J
Address: 474 SOUTH PIN OAK PLACE #210
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES T WAITE

PRES

02/06/2008

Electronic Signature of Signing Officer or Director

Date