

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002328

FILED
Mar 27, 2009
Secretary of State

Entity Name: NATIONAL PROFESSIONAL EXCHANGE, INC.

Current Principal Place of Business:

25926 CHAFFEE CT.
MECHANICSVILLE, MD 20659

New Principal Place of Business:

DORSEY PROFESSIONAL PARK
23680 THREE NOTCH RD STE 104
HOLLYWOOD, MD 20636

Current Mailing Address:

25926 CHAFFEE CT.
MECHANICSVILLE, MD 20659

New Mailing Address:

DORSEY PROFESSIONAL PARK
23680 THREE NOTCH RD STE 104
HOLLYWOOD, MD 20636

FEI Number: 20-5206671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCRP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: MDIR () Delete
Name: BELL, SHARON
Address: 25926 CHAFFEE CT.
City-St-Zip: MECHANICSVILLE, MD 20659

Title: S () Delete
Name: BELL, SHARON
Address: 3155 E. PATRICK LANE, STE 1
City-St-Zip: LAS VEGAS, NV 891203481

Title: P (X) Delete
Name: FAIRCLOUGH, MARTIN
Address: 3155 E PATRICK LANE STE 1
City-St-Zip: LAS VEGAS, NV 891203481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRES (X) Change () Addition
Name: FAIRCLOUGH, MARTIN
Address: 41320 SOLITUDE LANE
City-St-Zip: LEONARDTOWN, MD 20650

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON BELL

MDIR

03/27/2009

Electronic Signature of Signing Officer or Director

Date