2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# F98000004297

Entity Name: NATIONAL ASSOCIATION OF THE PROFESSIONS, INC.

Current Principal Place of Business:

350 FAIRWAY DRIVE, SUITE 200
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

350 FAIRWAY DRIVE, SUITE 200
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 06-0848080 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FURNARI, GIACOMO
350 FAIRWAY DRIVE, SUITE 200
DEERFIELD BEACH, FL 33441 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: PVD ( ) Delete
Name: FURNARI, GIACOMO F
Address: 350 FAIRWAY DRIVE, SUITE 200
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: TD ( ) Delete
Name: PAGONIS, JACQUELINE L
Address: 350 FAIRWAY DR., STE 200
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: S ( ) Delete
Name: TONGE, EUSTACE N
Address: 350 FAIRWAY DR., STE. 200
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: D ( ) Delete
Name: PAGONIS, JOHN
Address: 350 FAIRWAY DR., STE. 200
City-St-Zip: DEERFIELD BEACH, FL 33441 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GIACOMO FURNARI PRES 01/07/2008

Electronic Signature of Signing Officer or Director — Date