


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90008 007 ***550.00

DOCUMENT # F99000006060

1. Entity Name
NAVELLIER & ASSOCIATES, INC.



Principal Place of Business
**1 EAST LIBERTY, 3RD FLOOR
 RENO, NV 89501**


Mailing Address
**1 EAST LIBERTY, 3RD FLOOR
 RENO, NV 89501**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country



07212004 Chg-P CR2E034 (10/03)

4. FEI Number
88-0240393

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.
 777 SOUTH FLAGLER DR., SUITE 500 EAST
 WEST PALM BEACH, FL 33401**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAVELLIER, LOUIS G 1 EAST LIBERTY, 3RD FLOOR RENO, NV 89501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUYER, ARJEN 1 EAST LIBERTY, 3RD FLOOR RENO, NV 89501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, DENNIS 1 EAST LIBERTY, 3RD FLOOR RENO, NV 89501	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASSO, KEITH 1 EAST LIBERTY, 3RD FLOOR RENO, NV 89501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTY, STEVE 1 EAST LIBERTY, 3RD FLOOR RENO, NV 89501	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALPERS, ALAN 1 EAST LIBERTY, 3RD FLOOR RENO, NV 89501	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOYD, PAULA 1 EAST LIBERTY, 3RD FLOOR RENO, NV 89501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'LEARY, JAMES 1 EAST LIBERTY ST, 3RD FLOOR RENO, NV 89501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KWAPP, PETER 1 EAST LIBERTY ST, 3RD FLOOR RENO, NV 89501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE: _____ DATE: **7/22/04** DAVINA PHONE #: **775 785 2300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR