


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000006060

1. Entity Name
NAVELLIER & ASSOCIATES, INC.



Principal Place of Business Mailing Address

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

DO NOT WRITE IN THIS SPACE



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

88-0240393 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

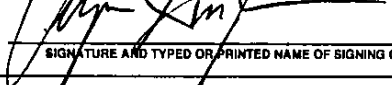
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 01/23/07-80034-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NAVELLIER, LOUIS G
STREET ADDRESS	1 EAST LIBERTY, 3RD FLOOR
CITY-ST-ZIP	RENO, NV 89501
TITLE	D
NAME	KUYER, ARJEN
STREET ADDRESS	1 EAST LIBERTY, 3RD FLOOR
CITY-ST-ZIP	RENO, NV 89501
TITLE	D
NAME	BOYD, PAULA
STREET ADDRESS	1 EAST LIBERTY, 3RD FLOOR
CITY-ST-ZIP	RENO, NV 89501
TITLE	D
NAME	BASSO, KEITH
STREET ADDRESS	1 EAST LIBERTY, 3RD FLOOR
CITY-ST-ZIP	RENO, NV 89501
TITLE	D
NAME	O'LEARY, JAMES
STREET ADDRESS	1 EAST LIBERTY, 3RD FLOOR
CITY-ST-ZIP	RENO, NV 89501
TITLE	D
NAME	KNAPP, PETER
STREET ADDRESS	1 EAST LIBERTY, 3RD FLOOR
CITY-ST-ZIP	RENO, NV 89501

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **ARSEN KUYPER** 1-18-07 (775) 785-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PRESIDENT