

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006060

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: NAVELLIER & ASSOCIATES, INC.

**Current Principal Place of Business:**

1 EAST LIBERTY, 3RD FLOOR  
RENO, NV 89501

**New Principal Place of Business:**

**Current Mailing Address:**

1 EAST LIBERTY, 3RD FLOOR  
RENO, NV 89501

**New Mailing Address:**

FEI Number: 88-0240393      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VALDES-FAULI CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DR., SUITE 500 EAST  
WEST PALM BEACH, FL 33401 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: PD ( ) Delete  
Name: NAVELLIER, LOUIS G  
Address: 1 EAST LIBERTY, 3RD FLOOR  
City-St-Zip: RENO, NV 89501

Title: D ( ) Delete  
Name: KUYER, ARJEN  
Address: 1 EAST LIBERTY, 3RD FLOOR  
City-St-Zip: RENO, NV 89501

Title: D ( ) Delete  
Name: BOYD, PAULA  
Address: 1 EAST LIBERTY, 3RD FLOOR  
City-St-Zip: RENO, NV 89501

Title: D ( ) Delete  
Name: BASSO, KEITH  
Address: 1 EAST LIBERTY, 3RD FLOOR  
City-St-Zip: RENO, NV 89501

Title: D ( ) Delete  
Name: O'LEARY, JAMES  
Address: 1 EAST LIBERTY, 3RD FLOOR  
City-St-Zip: RENO, NV 89501

Title: D ( ) Delete  
Name: KNAPP, PETER  
Address: 1 EAST LIBERTY, 3RD FLOOR  
City-St-Zip: RENO, NV 89501

**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:

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

SIGNATURE: ARJEN KUYPER

D

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date