


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N01000005369 1. Entity Name NATIONAL BIKER VENDORS ASSOCIATION, INC.	
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Principal Place of Business 4252 ACORN AVE BUNNELL, FL 32110	Mailing Address 4252 ACORN AVE BUNNELL, FL 32110
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DO NOT WRITE IN THIS SPACE

04032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3650841	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent O'BRIEN, LORETTA M 4252 ACORN AVE BUNNELL, FL 32110	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000883961 04/17/08-80024-021 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORMLEY, WILLIAM RT 10 P.O. BOX 123 HAMDEN, NY 13792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRANI, MARIO 8600 HERBISON AVE NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRINZ, EDWARD 21 BELLMORE PL PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WALCOTT, MIKE 696 S YONGE ST SUITE D ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR COSTA, JIM P.O. BOX 151 HARMONY, RI 02829
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP DONOHUE, BILLY 10 WALNUT LANE ORMOND BEACH, FL 32174

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: Edward D. Prinz Edward D. Prinz 4-3-08 326547-1991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #