


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90055 041 ****61.25

DOCUMENT # N04000003698					
1. Entity Name NATIONAL ASSOCIATION OF SCREENING AGENCIES, INC.					
Principal Place of Business 2020 PENNSYLVANIA AVE., NW, PENTHOUSE WASHINGTON, DC, 20006			Mailing Address 2020 PENNSYLVANIA AVE., NW, PENTHOUSE WASHINGTON, DC 20006		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			02252005 Chg-NP CR2E037 (10/03)		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BALASCHAK, JAMES 600 LONG LAKE DR. OVIEDO, FL 32765			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAT J MALONE		NAME		
STREET ADDRESS	10050 RALSTON RD # 7		STREET ADDRESS		
CITY-ST-ZIP	ARVADA, CO 80004		CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRITZ RHINESMITH		NAME		
STREET ADDRESS	P.O. Box 1145		STREET ADDRESS		
CITY-ST-ZIP	LAFAYETTE, CA 94549		CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTY WARD		NAME		
STREET ADDRESS	P.O. Box 9140		STREET ADDRESS		
CITY-ST-ZIP	VAN NUYS, CA 91409		CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BILL DE WEBER		NAME		
STREET ADDRESS	627 E. SPRAGUE SUITE 111		STREET ADDRESS		
CITY-ST-ZIP	SPOKANE, WA 99202		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: <i>Pat J. Malone</i> PAT J. MALONE			Date: May 31, 2005 Daytime Phone #: 303-420-1212		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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