2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0400003698

1. Entity Name NATIONAL ASSOCIATION OF SCREENING AGENCIES, INC.



FILED Mar 16, 2006 8:00 am Secretary of State

03-16-2006 90224 008 ****61.25

INC.				·	1/2						
Principal Place of Business 2020 PENNSYLVANIA AVE., NW, PENTHOUSE WASHINGTON, DC 20006			2020	Mailing Address 2020 PENNSYLVANIA AVE., NW, PENTHOUSE WASHINGTON, DC 20006			50003019				
2. Principal Place of Business			3. Mailir	3. Mailing Address							
Suite, Apt. #, etc. 337 Duke ST			Suit 3 3	Suite, Apt. #, etc. 3337 Duke 57			02082006	Chg-NP	CR2E03	7 (11/05)	
Air & Stat	andr	ia VA	Civ /4	sstate 1exand		VA	4. FEI Number NOT APF	PLICABLE			plied For t Applicable
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	6. Name	and Address of Current	Registered	I Agent	- -	lame	7. Name and A	ddress of New	Registered A	\gent	
BALASCHAK, JAMES					L N	алте					
600 LONG LAKE DR. OVIEDO, FL 32765				Street Address (P			P.O. Box Number is Not Acceptable)				
					ا ر	Sity			FL	Zip Code	€
8. The above the obligat	named entity tions of registe	submits this statement for ered agent.	or the purpo	se of changing its r	registered o	ffice or register	red agent, or both	, in the State of F	lorida. I am f	familiar with,	and accept
SIGNATURE	Sloneture toned	or printed name of registered agent	t and title if accel	cable. (NOTE:	- Registered Age		d when reinstating)		DATE		
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,	Filing Fed	e is \$61.25 ay 1, 2006		9. Election Carn Trust Fund Co	paign Finar	<u> </u>	\$5.00 May Be Added to Fees		Make check		
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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 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:

STATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-06 407 359 1008