


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

03-16-2006 90224 008 \*\*\*\*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**

**50003019**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
**337 Duke ST**

3. Mailing Address  
 Suite, Apt. #, etc.  
**3337 Duke ST**

02082006 Chg-NP CR2E037 (11/05)

City & State  
**Alexandria VA**

City & State  
**Alexandria VA**

Zip  
**22314**

Country  
**USA**

Zip  
**22314**

Country  
**USA**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BALASCHAK, JAMES**  
**600 LONG LAKE DR.**  
**OVIDO, FL 32765**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_

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

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MALONE, PAT J	
STREET ADDRESS	10050 RALSTON RD #7	
CITY-ST-ZIP	ARVADA, CO 80004	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RHINESMITH, FRITZ	
STREET ADDRESS	P.O. BOX 1145	
CITY-ST-ZIP	LAFAYETTE, CA 94549	
TITLE	S	<input type="checkbox"/> Delete
NAME	WARD, MARTY	
STREET ADDRESS	P.O. BOX 9140	
CITY-ST-ZIP	VAN NUYS, CA 91409	
TITLE	T	<input type="checkbox"/> Delete
NAME	DE WEBER, BILL	
STREET ADDRESS	627 E SPRAGUE, STE 111	
CITY-ST-ZIP	SPOKANE, WA 99202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *James Balaschak* **3-7-06 407 359 1008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #