


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000003698 1. Entity Name NATIONAL ASSOCIATION OF SCREENING AGENCIES, INC.	
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Principal Place of Business 337 DUKE ST ALEXANDRIA, VA 22314	Mailing Address 337 DUKE ST ALEXANDRIA, VA 22314
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DO NOT WRITE IN THIS SPACE



03142007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

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

00000677223
03/30/07-80095-022 61.25

10. OFFICERS AND DIRECTORS

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

**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:  **Bill DeWeber** Treasurer **3/19/07** 509-624-2229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #