2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000012269

Apr 29, 2010 Secretary of State

Entity Name: THE NATIONAL ACADEMY OF INVENTORS, INC.

Current Principal Place of Business: New Principal Place of Business:

4202 E. FOWLER AVE., ADM 250 3702 SPECTRUM BLVD. TAMPA, FL 336206250

SUITE 175

TAMPA, FL 33612

Current Mailing Address: New Mailing Address:

3702 SPECTRUM BLVD. 4202 E. FOWLER AVE., ADM 250 TAMPA, FL 336206250 SUITE 175

TAMPA, FL 33612 US

FEI Number: 27-2310390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPDIRECT AGENTS, INC. 515 E. PARK AVE TALLAHASSEE, FL 32301 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

SANBERG, PAUL R PRESIDE Name: Address: 3702 SPECTRUM BLVD, SUITE 175

City-St-Zip: TAMPA, FL 33612 US

Title: DR

Name: WADE, THOMAS E PRES-EL Address: 4202 E FOWLER AVE. ENB360

City-St-Zip: TAMPA, FL 33620 US

Title: DR

MOHAPATRA, SHYAM VP Name:

Address: 12901 BRUCE B DOWNS BLVD, MDC19

City-St-Zip: TAMPA, FL 33612 US

Title: DR

Name: BERCU, BARRY B SECTY

Address: 12901 BRUCE B DOWNS BLVD, MDC15

City-St-Zip: TAMPA, FL 33612 US

Title: DR

KILLINGER, DENNIS TREASUR Name: 4202 E FOWLER AVE, PHY114 Address:

City-St-Zip: TAMPA, FL 33620 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL R. SANBERG DR 04/29/2010