


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000006868

1. Entity Name
 NATIONAL EMPLOYMENT LAWYERS ASSOCIATION
 (FLORIDA CHAPTER), INC.



Principal Place of Business
 777 SOUTH STATE RD 7
 MARGATE, FL 33068

Mailing Address
 777 SOUTH STATE RD 7
 MARGATE, FL 33068



01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3545325

Applied For
 Not Applicable

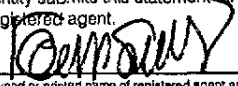
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHOOSTER, FRANK M
 GLOBAL RESPONSE
 777 SOUTH STATE RD 7
 MARGATE, FL 33068

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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:  FRANK M. SHOOSTER DATE: 4-17-06

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

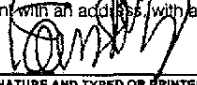
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, RICHARDSON E
STREET ADDRESS	314 W JEFFERSON STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32306
TITLE	D
NAME	LEECH, GORDON R
STREET ADDRESS	1110 N. OLD WORLD THIRD ST. #405
CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	D
NAME	SHOOSTER, FRANK M
STREET ADDRESS	777 SOUTH STATE ROAD 7
CITY-ST-ZIP	MARGATE, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000520876
 05/02/06-80110-024 61.25

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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:  FRANK M. SHOOSTER DATE: 4-17-06 (954) 969-3907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR