2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004
Secretary of State

DOCUMENT# N99000000720

Entity Name: THE NATIONAL COALITION OF PROFESSIONAL MYSTERY SHOPPERS, INC.

Current Principal Place of Business:

1313 EAST CONOVER STREET
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 311573
TAMPA, FL 33680

New Mailing Address:

FEI Number: 59-3596822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGERS, NICCOLE M.A.
1313 EAST CONOVER STREET
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

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:

Title: TP ( ) Delete
Name: MATHEWS, IRENE
Address: 1313 EAST CONOVER STREET
City-St-Zip: TAMPA, FL 33603

Title: VPD ( ) Delete
Name: TARPLEY, ALENA
Address: 1313 EAST CONOVER STREET
City-St-Zip: TAMPA, FL 33603

Title: PD ( ) Delete
Name: ROGERS, NICCOLE M.A
Address: 1313 EAST CONOVER STREET
City-St-Zip: TAMPA, FL 33603

Title: SD ( ) Delete
Name: ROGERS, DAVID
Address: 1313 EAST CONOVER STREET
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NICCOLE ROGERS PD 05/04/2004
Electronic Signature of Signing Officer or Director — Date