

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000073681

FILED
Sep 04, 2008
Secretary of State

Entity Name: NATIONAL INSTITUTE OF QUALITY ASSURANCE, INC.

Current Principal Place of Business:

3200 NE 14TH STREET
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

3200 NE 14TH STREET
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 65-1125601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: D () Delete
Name: O'NEAL, DANIEL R
Address: 2760 NE 23RD PLACE
City-St-Zip: POMPANO BEACH, FL 33062

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D () Change (X) Addition
Name: BROWNING, PAMELA
Address: 3200 NE 14 STREET
City-St-Zip: POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN O'NEAL

D

09/04/2008

Electronic Signature of Signing Officer or Director

Date