2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P03000002393

Entity Name: NATIONAL ASSOCIATION OF DRUG FREE WORKPLACES, INC.

Current Principal Place of Business:

927 FERN STREET
SUITE 1000
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

927 FERN STREET
SUITE 1000
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 43-2004211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POHL & SHORT, P.A.
280 WEST CANTON AVENUE
SUTIE 410
WINTER PARK, FL 32790 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete
Name: SCHANK, GEORGE L
Address: 927 FERN STREET, SUITE 1000
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP,D ( ) Delete
Name: GETZINGER, DANIEL G
Address: 927 FERN STREET, SUITE 1000
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T, D ( ) Delete
Name: REVICZKY, GARY J
Address: 927 FERN STREET, SUITE 1000
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S, D ( ) Delete
Name: YAWMAN, GREGG M
Address: 927 FERN STREET, SUITE 1000
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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 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: GEORGE L SCHANK CPD 04/30/2007

Electronic Signature of Signing Officer or Director — Date