## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000086045

Title:

Name:

Address:

City-St-Zip:

SVD

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WEST PALM BEACH, FL 33401

HOCHMAN, MARTIN

713 NEW YORK

Entity Name: NATIONAL ANALYSIS CENTER, INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2111 NORTH FLAGLER DRIVE SUITE 21 WEST PALM BEACH, FL 33407			SUITE 104	1711 WORTHINGTON RD. SUITE 104 WEST PALM BEACH, FL 33409	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2111 NORTH FLAGLER DRIVE SUITE 21 WEST PALM BEACH, FL 33407		1711 WORTHINGTON RD. SUITE 104 WEST PALM BEACH, FL 33409			
FEI Number:	20-0137051	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
SUITE 21	NIEL R TH FLAGLER I .M BEACH, FL				
The above in the State	named entity s of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Cam	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () LIPSIT, JAMES 7071 MICHIGAN LAKE WORTH,	ISLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VTD () MASSEY, JAME 7698 CEDARHU LAKE WORTH,	JRST CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VD () LIPSIT, DANIEL	Delete	Title: Name:	( ) Change ( ) Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES LIPSIT P 04/29/2004

() Change () Addition