2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000086045

Title:

Name:

Address:

City-St-Zip:

SVD

() Delete

WEST PALM BEACH, FL 33401

HOCHMAN, MARTIN

713 NEW YORK

FILED Feb 08, 2005 Secretary of State

Entity Name: NATIONAL ANALYSIS CENTER, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 104	RTHINGTON F .M BEACH, F				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
SUITE 104	RTHINGTON F .M BEACH, F				
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 of	Name and Address of New Registered Agent:	
LIPSIT, DANIEL R 2111 NORTH FLAGLER DRIVE SUITE 21 WEST PALM BEACH, FL 33407 US				LIPSIT, DANIEL R 421 PALMETTO STREET WEST PALM BEACH, FL 33405 US	
	named entity e of Florida.	submits this statement for the p	purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: DANIEL LIPSIT				02/08/2005	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (LIPSIT, JAMES 7071 MICHIGA LAKE WORTH	N ISLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VTD (MASSEY, JAM 7698 CEDARH LAKE WORTH	URST CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LIPSIT, DANIE 2111 NORTH F) Delete L R FLAGLER DR. SUITE 21 SEACH. FL 33407	Title: Name: Address: Citv-St-Zip:	() 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:

SVD

HOCHMAN, MARTIN

2499 SAWYER TER.

WELLINGTON, FL 33414

(X) Change () Addition

SIGNATURE: JAMES C. MASSEY VTD 02/08/2005