

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000033880

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Entity Name:** NATIONAL INFORMATION ASSURANCE CORPORATION

**Current Principal Place of Business:**

11705 BOYETTE RD, STE 501  
RIVERVIEW, FL 335695533 US

**New Principal Place of Business:**

**Current Mailing Address:**

11705 BOYETTE RD, STE 501  
RIVERVIEW, FL 335695533

**New Mailing Address:**

7887 BRYAN DAIRY ROAD  
SUITE 340  
LARGO, FL 33777

**FEI Number:** 06-1741847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SUAREZ, GIOVANNI M  
10519 ANGLECREST DRIVE  
RIVERVIEW, FL 33569 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: PRES  
Name: SUAREZ, GIOVANNI M  
Address: 11705 BOYETTE RD, STE 501  
City-St-Zip: RIVERVIEW, FL 335695533

I hereby 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 all other like empowered.

SIGNATURE: GIOVANNI SUAREZ

PRES

03/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date