

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000163471

**FILED**  
**Oct 13, 2008**  
**Secretary of State**

**Entity Name:** NATIONAL ASSOCIATION OF FORECLOSURE PREVENTION PROFESSIONALS, INC.

**Current Principal Place of Business:**

335 BEARD STREET  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

335 BEARD STREET  
TALLAHASSEE, FL 32303 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

SKROB, ROBERT  
335 BEARD STREET  
TALLAHASSEE, FL 32303 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: ED ( ) Delete  
Name: SKROB, ROBERT  
Address: 335 BEARD STREET  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: D (X) Delete  
Name: WHITED, CLAUDE  
Address: 6017 PINE RIDGE RD, SUITE 160  
City-St-Zip: NAPLES, FL 34119 US

Title: SD ( ) Delete  
Name: MCKINLEY, DENISE  
Address: 335 BEARD STREET  
City-St-Zip: TALLAHASSEE, FL 32303 US

**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:

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: ROBERT SKROB

ED

10/13/2008

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

\_\_\_\_\_  
Date