


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P34023 1. Entity Name NATIONAL DRUG & SAFETY LEAGUE, INC.	
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Principal Place of Business 1747 PENNSYLVANIA AVENUE N W SUITE 1000 WASHINGTON, DC 20006	Mailing Address 1747 PENNSYLVANIA AVENUE N W SUITE 1000 WASHINGTON, DC 20006
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04052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-2773800	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYE, ALAN P 1747 PENNSYLVANIA AVE,NW WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV GOCH, DAVID 1747 PENNSYLVANIA AVE NW WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAFT, JAMES M P.O. BOX 987 JACKSON, MI 492040987
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS REICHARD, JILL 4065 PAGE AVENUE MICHIGAN CENTER, MI 49254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SMITH, ROSEMARY 7321 LAGRANGE RD STE 211 LOUISVILLE, KY 40222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAUFMAN, HARLEY J 309 WORCESTER RD. NATICK, MA 01760

U00000533666
05/06/06-80133-001 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: By: Jill Reichard Jill Reichard, Ast. Sec. 4/6/06 800-323-0712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #