

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000022008

FILED
Apr 26, 2007
Secretary of State

Entity Name: NATIONAL REGISTRY OF FOOD SAFETY PROFESSIONALS, INC.

Current Principal Place of Business:

5728 MAJOR BLVD
SUITE 750
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5728 MAJOR BLVD
SUITE 750
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3564112 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTTRILL, CHRIS
110 E HILLCREST ST
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

COTTRILL, CHRIS
5728 MAJOR BLVD
SUITE 750
ORLANDO, FL 32819 US

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:

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COX, DAVID B
Address: 1200 EAST HILLCREST ST; SUITE 300
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: LINGARD, CHRIS
Address: 5728 MAJOR BLVD; SUITE 750
City-St-Zip: ORLANDO, FL 32819

Title: P () Delete
Name: LYNCH, LAWRENCE J
Address: 5728 MAJOR BLVD; SUITE 750
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: MCSWANE, DAVID
Address: 5728 MAJOR BLVD; SUITE 750
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: MURALI, KRIS
Address: 5728 MAJOR BLVD; SUITE 750
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: SLEE, GRAHAM
Address: 5728 MAJOR BLVD; SUITE 750
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COX, DAVID B
Address: 7680 UNIVERSAL BLVD; SUITE 300
City-St-Zip: ORLANDO, FL 32819

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: LAWRENCE J LYNCH

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date