## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S21324

FILED Apr 30, 2004 Secretary of State

Entity Name: NATIONAL ASSOCIATION OF FORENSIC ACCOUNTANTS, INC.

| Current Principal Place of Business:   |                                 |   | New Principal Place                         | New Principal Place of Business:             |  |
|--|---------------------------------|---|---|--|--|
|  | I<br>SUNRISE BL'<br>DERDALE, FL |   |   |  |  |
| Current Mailing Address:   |                                 |   | New Mailing Address                         | New Mailing Address:                         |  |
|  | I<br>SUNRISE BL'<br>DERDALE, FL |   |   |  |  |
| FEI Number:  | 65-0253645                      | FEI Number Applied For ( )                                  | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent:  |                                 |   | Name and Address o                          | Name and Address of New Registered Agent:    |  |
| SCHNEIDER, JOSEPH L.<br>1720 HARRISON STREET<br>SUITE 1820<br>HOLLYWOOD, FL 33020 US |                                 |   |   |  |  |
| The above in the State   |                                 | ubmits this statement for the p                             | ourpose of changing its registere           | d office or registered agent, or both,       |  |
| SIGNATUR   | E:                              |   |   |  |  |
|  | Electron                        | c Signature of Registered Age                               | ent   | Date   |  |
| Election Cam   | paign Financing                 | Trust Fund Contribution ( ).                                |   |  |  |
| OFFICERS AND DIRECTORS:  |                                 |   | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | HOGGE, JAMES<br>2455 EAST SUN   | Delete<br>5, R,<br>IRISE BLVD. SUITE 1201<br>DALE, FL 33304 | Title:<br>Name:<br>Address:<br>City-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.

SIGNATURE: JAMES R HOGGE D 04/30/2004