

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005834

FILED
Feb 06, 2008
Secretary of State

Entity Name: AMERICAN ASSOCIATION FOR HIGHER EDUCATION AND ACCREDITATION, INC.

Current Principal Place of Business:

12055 SE 1ST ST RD
SILVER SPRINGS, FL 34488

New Principal Place of Business:

Current Mailing Address:

PO BOX 142773
GAINESVILLE, FL 32614

New Mailing Address:

FEI Number: 52-0891675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSSITER, CHRISTINE
12055 SE 1ST ST RD
SILVER SPRINGS, FL 34488 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: VC () Delete
Name: SAUCIER, DAVID
Address: 6501 TIMBEROAKS DR
City-St-Zip: OLIVE BRANCH, MS 38654

Title: D () Delete
Name: BRADY, D.A. DR.
Address: PO BOX 2104
City-St-Zip: OCALA, FL 34478

Title: D () Delete
Name: WILLIAMS, CHARLES
Address: 2365 MADISON RD, APT 505
City-St-Zip: CINCINNATI, OH 45208

Title: P () Delete
Name: GOMEZ, JOSE DR. MD
Address: 12802 SW 218 TERRACE
City-St-Zip: MIAMI, FL 33170

Title: VP () Delete
Name: DE MEL, EVANTHA DR. PHD
Address: 15511 TEMPLARS RD
City-St-Zip: MOUNT LAVINIA, 10370 SN LANKA, XX XX

Title: S () Delete
Name: MOYER, MELISSA
Address: 2777 CALIFORNIA CROSSROAD
City-St-Zip: CALIFORNIA, KY 41007

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BRADY, D.A. DR. PHD
Address: PO BOX 2104
City-St-Zip: OCALA, FL 34478

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

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

Title: VP (X) Change () Addition
Name: DE MEL, ERANTHA DR. PHD
Address: 155/11 TEMPLARS RD
City-St-Zip: MT. LAVINIA, SRI LANKA, XX 10370 XX

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. BRADY

VP

02/06/2008

Electronic Signature of Signing Officer or Director

Date