2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 28, 2006
Secretary of State

DOCUMENT# N05000012028

Entity Name: NATIONAL HBCU SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

P.O. BOX 915115
LONGWOOD, FL 32791

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 915115
LONGWOOD, FL 32791

New Mailing Address:

FEI Number: 20-3862640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEXANDER, FLORENCE DR.
812 SWEETWATER CLUB BLVD.
LONGWOOD, FL 32779 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: P ( ) Delete
Name: ALEXANDER, FLORENCE DR.
Address: P.O. BOX 915115
City-St-Zip: LONGWOOD, FL 32791

Title: SEC. ( ) Delete
Name: ALEXANDER, STANLEY DR.
Address: P.O. BOX 915115
City-St-Zip: LONGWOOD, FL 32791

Title: TRES ( ) Delete
Name: ALEXANDER, STANLEY DR.
Address: P.O. BOX 915115
City-St-Zip: LONGWOOD, FL 32791

Title: PARL ( ) Delete
Name: BLANCO, IVETTE MS
Address: 407 LAKE HOWELL ROAD
City-St-Zip: MAITLAND, FL 32751

Title: VP ( ) Delete
Name: WOOTEN, MICHELLE MS
Address: 812 SWEETWATER CLUB BLVD
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: ALEXANDER, FLORENCE DR.
Address: P.O. BOX 915115
City-St-Zip: LONGWOOD, FL 32791

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: VP (X) Change ( ) Addition
Name: WOOTEN, MICHELLE MS
Address: 180 LIVINGTON STREET
City-St-Zip: BROOKLYN, NY 11201

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

SIGNATURE: DR. FLORENCE ALEXANDER PRES 02/28/2006

Electronic Signature of Signing Officer or Director — Date