


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 833622	
1. Entity Name NATIONAL EDUCATION ASSOCIATION OF THE UNITED STATES (CHARTERED BY 59TH CONGRESS OF U.S.)	

Principal Place of Business 1718 E. 7TH AVE SUITE 301 TAMPA, FL 33605 US	Mailing Address 1718 E. SEVENTH AVE., SUITE 301 P O BOX 75638 TAMPA, FL 33675-0638 US
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02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0115260	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KELLY, MARK F.
1718 E 7TH AVE, STE 301
TAMPA, FL 33605

**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** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROSS, SARAH
STREET ADDRESS	31224 BEAVER CIRCLE
CITY-ST-ZIP	LEWES, DE 19958
TITLE	P
NAME	WEAVER, REG
STREET ADDRESS	1201 16TH ST N W
CITY-ST-ZIP	WASHINGTON, DC
TITLE	VP
NAME	VAN ROEKEL, DENNIS
STREET ADDRESS	1201 16TH ST N W
CITY-ST-ZIP	WASHINGTON, DC
TITLE	ST
NAME	ESKELSEN, LILY
STREET ADDRESS	1201 16TH ST N W
CITY-ST-ZIP	WASHINGTON, DC
TITLE	D
NAME	ANA, SANCHEZ V
STREET ADDRESS	3271 FIVE POINTS DR., SUITE 202
CITY-ST-ZIP	AUBURN HILLS, MI 48376
TITLE	D
NAME	TANDERUP, ART R
STREET ADDRESS	18021 CO. RD. 16
CITY-ST-ZIP	BLAIR, NE 68005

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03/01/06-80001-018 150.00

**DO NOT WRITE
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 607, 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: Reg Weaver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/06

Date

Daytime Phone #