

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005582

FILED
Mar 30, 2009
Secretary of State

Entity Name: NEW EDUCATION FOR THE WORKPLACE, INC.

Current Principal Place of Business:

217 ESCONDIDO AVENUE
SUITE 7
VISTA, CA 92084 US

New Principal Place of Business:

Current Mailing Address:

217 ESCONDIDO AVENUE, SUITE 7
VISTA, CA 92084 US

New Mailing Address:

FEI Number: 33-0957370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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: MR () Delete
Name: HALFAKER, STEPHEN B PRES
Address: 17631 RANCHO DE LA ANGEL
City-St-Zip: RAMONA, CA 92065 US

Title: MRS () Delete
Name: HOLMES, EILEEN SEC
Address: 7395 PARK VILLAGE ROAD
City-St-Zip: SAN DIEGO, CA 92129 US

Title: MR () Delete
Name: TILTON, DAN DIR
Address: 1530 MARJORIE STREET
City-St-Zip: OCEANSIDE, CA 92056 US

Title: MS () Delete
Name: SAMPSON, BERNADETTE DIR
Address: 900 OTAY LAKES ROAD
City-St-Zip: CHULA VISTA, CA 91910 US

Title: MR () Delete
Name: KAMEYA, MAS VP
Address: 4473 SUNBURST DRIVE
City-St-Zip: OCEANSIDE, CA 92056 US

Title: MR () Delete
Name: SUOKKO, RON DIR
Address: 540 FORD AVENUE
City-St-Zip: SOLANA BEACH, CA 92075 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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Address:
City-St-Zip:

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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 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: EILEEN HOLMES

SEC

03/30/2009

Electronic Signature of Signing Officer or Director

Date