2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003558

FILED Jan 16, 2009 Secretary of State

Entity Name: NATIONAL ALTERNATIVE EDUCATION ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: MARK J. FERNANDESTREAS 1359 DIAMOND HILL ROAD CHESHIRE, CT 06410 **New Mailing Address: Current Mailing Address:** MARK J. FERNANDESTREAS 1359 DIAMOND HILL ROAD CHESHIRE, CT 06410 FEI Number: 04-3665617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete (X) Change () Addition LAMB, LORI Name: LAMB LORI Name: 3707 WATSON RD Address: 3707 WATSON RD Address: City-St-Zip: GREENWOOD, AR 72936 City-St-Zip: GREENWOOD, AR 72936 Title: Title: () Delete () Change () Addition RILEY, DENISE Name: Name: Address: RT 3 BOX 231 Address: City-St-Zip: **OKEMAH, OK 74859** City-St-Zip: Title: () Delete Title: () Change () Addition WONSON, BETH Name: Name: Address: 150 MONTECITO Address: City-St-Zip: SHELL BEACH, CA 93449 City-St-Zip: Title: SEC () Delete Title: () Change () Addition Name: MERRELLE-JAMES, ROSE Name: Address: 1807 JAMES STREET Address: City-St-Zip: SINKING SPRING, PA 19608 City-St-Zip: Title: TREA () Delete Title: () Change () Addition FERNANDES, MARK Name: Name: 1359 DIAMOND HILL RD Address: Address: City-St-Zip: CHESHIRE, CT 064101899 City-St-Zip: Title: () Delete Title: (X) Change () Addition WITTY, JAMES COLES, HAROLD A Name: Name: Address: 123 VALENTINE LN APT 13 Address: 408 ELEGANCE WAY YONKERS, NY 10705 HERMITAGE, TN 37076 City-St-Zip: 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: MARK J. FERNANDES TREA 01/16/2009