2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2012
Secretary of State

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Entity Name: NATIONAL ALTERNATIVE EDUCATION ASSOCIATION, INC.

Current Principal Place of Business:

ROBERT L EICHORN
10536 KNOLLWOOD DRIVE
MANASSAS, VA 20111

New Principal Place of Business:

Current Mailing Address:

ROBERT L EICHORN
10536 KNOLLWOOD DRIVE
MANASSAS, VA 20111

New Mailing Address:

FEI Number: 04-3665617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PRES
Name: LAMB, LORI
Address: 3707 WATSON RD
City-St-Zip: GREENWOOD, AR 72936

Title: D
Name: RILEY, DENISE
Address: RT 3 BOX 231
City-St-Zip: OKEMAH, OK 74859

Title: D
Name: TRAUTMAN, THOMAS
Address: 15721 HYDE PARK DRIVE
City-St-Zip: EDMUND, OK 73013

Title: SEC
Name: GARDENHIRE, CW
Address: 101 PRARIE DRIVE
City-St-Zip: BEEBE, AR 72012

Title: TREA
Name: EICHORN, ROBERT L
Address: 10536 KNOLLWOOD DRIVE
City-St-Zip: MANASSAS, VA 20111

Title: D
Name: LOWTHER, EDWARD
Address: 2898 CEDAR CREST
City-St-Zip: LAKE RIDGE, VA 22192

I hereby 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 all other like empowered.

SIGNATURE: ROBERT EICHORN TREA 04/03/2012

Electronic Signature of Signing Officer or Director — Date