

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010992

**FILED**  
**Mar 07, 2004**  
**Secretary of State****Entity Name:** NATIONAL ASSOCIATION FOR STUDENT EXCELLENCE, INC.**Current Principal Place of Business:**10968 NW 21ST STREET  
CORAL SPRINGS, FL 33071**New Principal Place of Business:****Current Mailing Address:**10968 NW 21ST STREET  
CORAL SPRINGS, FL 33071**New Mailing Address:****FEI Number:** 38-3693686**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**AYAZ, SANDI DR.  
1836 N. CRYSTAL LAKE DR. #19  
LAKELAND, FL 33801 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:** CHAMBERS, MICHAEL S  
**Address:** 10968 NW 21ST ST.  
**City-St-Zip:** CORAL SPRINGS, FL 33071**Title:** V ( ) Delete  
**Name:** AYAZ, SANDI DR.  
**Address:** 1836 N. CRYSTAL LAKE DR. #109  
**City-St-Zip:** LAKELAND, FL 33071**Title:** S ( ) Delete  
**Name:** MCKNIGHT, CLIFTON  
**Address:** 7160 MEADOWBROOKE DR.  
**City-St-Zip:** FREDERICK, MD 21702**Title:** T ( ) Delete  
**Name:** THOMAS, MICHAEL  
**Address:** 6750 W. OUTER DR.  
**City-St-Zip:** DETROIT, MI 48235**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:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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. SANDI AYAZ

V

03/07/2004

Electronic Signature of Signing Officer or Director

Date