

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005781

FILED  
Jan 05, 2008  
Secretary of State

**Entity Name:** ALLIANCE FOR HIGHER EDUCATION COMPETITIVENESS, INC.

**Current Principal Place of Business:**

469 MANGROVE COURT  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

469 MANGROVE COURT  
LAKE MARY, FL 32746 US

**New Mailing Address:**

**FEI Number:** 20-1220997

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABEL, ROBERT J  
469 MANGROVE COURT  
LAKE MARY, FL 32746 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: D ( ) Delete  
Name: ABEL, ROBERT J  
Address: 469 MANGROVE COURT  
City-St-Zip: LAKE MARY, FL 32746 US

Title: D ( ) Delete  
Name: HUMES, LARRY R  
Address: 1633 TIVERTON STREET  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: D ( ) Delete  
Name: GRAVES, WILLIAM H  
Address: 325 SUN FOREST WAY  
City-St-Zip: CHAPEL HILL, NC 27517 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:

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: ROBERT J ABEL

D

01/05/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date