

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004394

FILED
Feb 24, 2008
Secretary of State

Entity Name: BRAIN EXPANSIONS SCHOLASTIC TRAINING, INC.

Current Principal Place of Business:

10130 LONDONSHIRE LANE
TAMPA, FL 33647

New Principal Place of Business:

10006 CROSS CREEK BLVD
#406
TAMPA, FL 33647

Current Mailing Address:

10006 CROSS CREEK BLVD
#406
TAMPA, FL 33647

New Mailing Address:

FEI Number: 20-2834380 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TAYLOR, JR, ROBERT E ESQ.
LAW OFFICES OF R.E. TAYLOR, P.A.
609 W. AZEELE ST., STE. B
TAMPA, FL 33606 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 () Delete
Name: FREDERICK, DEXTER M DR.
Address: 10130 LONDONSHIRE LANE
City-St-Zip: TAMPA, FL 33647

Title: SECR () Delete
Name: JACKSON, SUZANNE
Address: 17716 CRYSTAL COVE PL
City-St-Zip: LUTZ, FL 33548

Title: OFFI () Delete
Name: LAZZARA, JODY
Address: 30549 TREMONT DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VP () Delete
Name: SWAGGER, PHILDRA J DR.
Address: 1004 ENGLISH BLUFFS COURT
City-St-Zip: TAMPA, FL 33508

Title: OFFI () Delete
Name: THOMAS, HENRY ATTY
Address: 5407 BURCHETTE RD
City-St-Zip: TAMPA, FL 33647

Title: OFFI () Delete
Name: BUTLER, MARGARET
Address: 2112 SHADY POINT LANE
City-St-Zip: BRANDON, FL 33510

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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Title: () Change () Addition
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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: DEXTER FREDERICK, M.D.

PRES

02/24/2008

Electronic Signature of Signing Officer or Director

Date