2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# N05000004394

Entity Name: BRAIN EXPANSIONS SCHOLASTIC TRAINING, INC.

Current Principal Place of Business:

10006 CROSS CREEK BLVD
#406
TAMPA, FL 33647

New Principal Place of Business:

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
Name: FREDERICK, DEXTER DR.
Address: 10006 CROSS CREEK BLVD
City-St-Zip: TAMPA, FL 33647

Title: TREA
Name: GARCIA, DEBBIE
Address: 19101 SUNLAKE BLVD
City-St-Zip: LUTZ, FL 33558

Title: SEC
Name: MATHIAS, CHRISTINA
Address: 17716 CRYSTAL COVE PLACE
City-St-Zip: LUTZ, FL 33548

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

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

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: DEXTER FREDERICK PRES 04/30/2012

Electronic Signature of Signing Officer or Director — Date