2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2007
Secretary of State

DOCUMENT# N06000001557

Entity Name: NESPER EDUCATIONAL SERVICES, INC.

Current Principal Place of Business:

1480 SOUTHWIND DR
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

1480 SOUTHWIND DR
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 30-5529036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NESPER, DAVID
1480 SOUTHWIND DR
CASSELBERRY, FL 32707 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: DCOO ( ) Delete
Name: NESPER, DAVID DR.
Address: 1480 SOUTHWIND DR
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete
Name: NESPER, SUSAN M
Address: 1480 SOUTHWIND DR
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete
Name: NESPER, GAIL C
Address: 451 EAGLE CIRCLE NORTH
City-St-Zip: CASSELBERRY, FL 32707

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: DR. DAVID NESPER DCOO 06/30/2007

Electronic Signature of Signing Officer or Director — Date