


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

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000003973 1. Entity Name NATIONAL COMPUTER EDUCATION FOUNDATION, INC.	
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Principal Place of Business 13002 HARBOUR RIDGE BLVD PALM CITY, FL 34990	Mailing Address 13002 HARBOUR RIDGE BLVD PALM CITY, FL 34990
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DO NOT WRITE IN THIS SPACE



02292004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0766567	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEISLER, GWENDOLYN SUE 13002 HARBOUR RIDGE BLVD PALM CITY, FL 34990

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reappointing)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000077641 03/05/04-80051-014 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD DEISLER, GWENDOLYN S 13002 HARBOUR RIDGE BLVD PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD DEISLER, JOSEPH P 13002 HARBOUR RIDGE BLVD PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COVINO, JR, C R 3921 SE FAIRWAY W STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WENZEL, JEFFREY S 3322 AARON DRIVE NEW MARKET, MN 55054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUCIER, FRANCIS P 12478 HARBOUR RIDGE BLVD PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE <u>Gwendolyn S. Deisler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2/29/04</u> <small>Date</small> <u>(772) 336-1006</u> <small>Daytime Phone #</small>