


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000003973	
1. Entity Name NATIONAL COMPUTER EDUCATION FOUNDATION, INC.	

Principal Place of Business 1566 NW SWEET BAY CIRCLE PALM CITY, FL 34990	Mailing Address 1566 NW SWEET BAY CIRCLE PALM CITY, FL 34990
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01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0766567	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
DEISLER, GWENDOLYN SUE 1566 NW SWEET BAY CIR 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DEISLER, GWENDOLYN S 156 NW SWEET BAY CIR PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DEISLER, JOSEPH P 1566 NW SWEET BAY CIR PALM CITY, FL 34990
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/15/08-80040-007 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Gwendolyn Sue Deisler April 1, 2008 772-336-1006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #