

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006081

FILED
Feb 27, 2007
Secretary of State

Entity Name: THE NATIONAL CYBERAGENT ASSOCIATION, INC.

Current Principal Place of Business:

C/O WILLOW CSN INCORPORATED
3450 LAKESIDE DRIVE, SUITE #620
MIRAMAR, FL 33027

New Principal Place of Business:

3450 LAKESIDE DRIVE, SUITE
SUITE #620
MIRAMAR, FL 33027

Current Mailing Address:

3450 LAKESIDE DRIVE
SUITE #620
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 65-0960162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLOW CSN INCORPORATED
3450 LAKESIDE DRIVE
SUITE #620
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

ARISE
3450 LAKESIDE DRIVE
SUITE #620
MIRAMAR, FL 33027 US

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: KAY PARKER

02/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SELDEN, ANGIE
Address: 3450 LAKESIDE DRIVE, SUITE #620
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: REYNOLDS, KARLA
Address: 3450 LAKESIDE DRIVE, SUITE #620
City-St-Zip: MIRAMAR, FL 33027

Title: DS () Delete
Name: PARKER, KAY
Address: 3450 LAKESIDE DRIVE, SUITE #620
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: PARRISH, LAURIE
Address: 15815 SW 97 COURT
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: ABERSON, GAIL
Address: 1451 NW 95TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: MARSHALL, PATRICIA
Address: 9660 W DAFFODIL LN
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SELDEN, ANGIE
Address: 3450 LAKESIDE DRIVE, SUITE #620
City-St-Zip: MIRAMAR, FL 33027

Title: D (X) Change () Addition
Name: BARTLETT, MARY
Address: 3450 LAKESIDE DRIVE, SUITE #620
City-St-Zip: MIRAMAR, FL 33027

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: KAY PARKER

DS

02/27/2007

Electronic Signature of Signing Officer or Director

Date