

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006081

FILED  
Feb 12, 2008  
Secretary of State

Entity Name: THE NATIONAL CYBERAGENT ASSOCIATION, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

3450 LAKESIDE DRIVE  
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:

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

Title: D ( ) Delete  
Name: BARTLETT, MARY  
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: ( ) 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:

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: KAY PARKER

DS

02/12/2008

Electronic Signature of Signing Officer or Director

Date