

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000103581

FILED  
Feb 21, 2006  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION FOR CONTINUING EDUCATION, INC.

**Current Principal Place of Business:**

8030 PETERS RD  
D-105  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

8030 PETERS RD  
D-105  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 65-0880449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GRAHAM, SHARON  
Address: 1001 NORTHWEST 107TH AVENUE  
City-St-Zip: PLANTATION, FL 33322

Title: T ( ) Delete  
Name: GRAHAM, STEVEN  
Address: 1001 NORTHWEST 107TH AVENUE  
City-St-Zip: PLANTATION, FL 33322

Title: V ( ) Delete  
Name: PARKER, ROBERTA  
Address: 3150 WILLOW LANE  
City-St-Zip: WESTON, FL 33331

Title: S ( ) Delete  
Name: PARKER, HARVEY C  
Address: 3150 WILLOW LANE  
City-St-Zip: WESTON, FL 33331

**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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON GRAHAM

MRS.

02/21/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date