


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90110 039 \*\*\*150.00

DOCUMENT # S53342 1. Entity Name NATIONAL EDUCATION SEMINARS OF FLORIDA, INC.	
---	---

Principal Place of Business CENTERGATE PLAZA 4068 CATTLEMEN RD. SARASOTA, FL 34233	Mailing Address CENTERGATE PLAZA 4068 CATTLEMEN RD. SARASOTA, FL 34233
---	---

**DO NOT WRITE IN THIS SPACE**

40-



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3070530	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KLOPPER, EDWARD L  
4068 CATTLEMEN RD.  
SARASOTA, FL 34233

**DO NOT WRITE IN THIS SPACE**

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: *Edward L. Klopfer* DATE: 4/25/07  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLOPPER, EDWARD L 4068 CATTLEMEN RD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLOPPER, EDWARD L 4068 CATTLEMEN RD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLOPPER, EDWARD L 4068 CATTLEMEN RD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLOPPER, EDWARD L 4068 CATTLEMEN RD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all officer-like empowered.

SIGNATURE: *Edward L. Klopfer* DATE: 4/25/07 DAYTIME PHONE: 941-379-3577  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR