

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S53342

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** NATIONAL EDUCATION SEMINARS OF FLORIDA, INC.

**Current Principal Place of Business:**

CENTERGATE PLAZA  
4068 CATLLEMEN RD.  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

CENTERGATE PLAZA  
4068 CATLLEMEN RD.  
SARASOTA, FL 34233

**New Mailing Address:**

**FEI Number:** 59-3070530      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

KLOPFER, EDWARD L  
4068 CATTLEMEN RD.  
SARASOTA, FL 34233      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: VP  
Name: KLOPFER, EDWARD L  
Address: 4068 CATTLEMEN RD  
City-St-Zip: SARASOTA, FL

Title: P  
Name: KLOPFER, EDWARD L  
Address: 4068 CATTLEMEN RD  
City-St-Zip: SARASOTA, FL

Title: S  
Name: KLOPFER, EDWARD L  
Address: 4068 CATTLEMEN RD  
City-St-Zip: SARASOTA, FL

Title: T  
Name: KLOPFER, EDWARD L  
Address: 4068 CATTLEMEN RD  
City-St-Zip: SARASOTA, FL

I hereby 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 all other like empowered.

SIGNATURE: EDWARD L KLOPFER

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

PRES

04/30/2012

\_\_\_\_\_ Date