

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004394

**Entity Name:** BRAIN EXPANSIONS SCHOLASTIC TRAINING, INC.

**Current Principal Place of Business:**

10006 CROSS CREEK BLVD  
#406  
TAMPA, FL 33647

**Current Mailing Address:**

10006 CROSS CREEK BLVD  
#406  
TAMPA, FL 33647

**FEI Number:** 20-2834380

**Certificate of Status Desired:** Yes

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

TAYLOR, JR, ROBERT EESQ.  
LAW OFFICES OF R.E. TAYLOR, P.A.  
609 W. AZEELE ST., STE. B  
TAMPA, FL 33606 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            FREDERICK, DEXTER DR.  
Address        10006 CROSS CREEK BLVD  
City-State-Zip: TAMPA FL 33647

Title            SEC  
Name            MATHIAS, CHRISTINA  
Address        17716 CRYSTAL COVE PLACE  
City-State-Zip: LUTZ FL 33548

Title            OFFI  
Name            BLAND, TONY  
Address        20429 WALNUT GROVE LANE  
City-State-Zip: TAMPA FL 33647

Title            VP  
Name            CATHCART, JOHN  
Address        3236 SAN JOSE STREET  
City-State-Zip: CLEARWATER FL 33759  
  
Title            CHAIRMAN  
Name            SWAGGER, PHILDRA JDR.  
Address        1004 ENGLISH BLUFFS COURT  
City-State-Zip: TAMPA FL 33508

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

**SIGNATURE:** DEXTER M. FREDERICK, M.D.

**CHIEF EXECUTIVE  
OFFICER**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date