2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000006257

1. Entity Name
STARS EDUCATION SERVICES INC.

FILED
06 APR 28 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
925 E. MAGNOLIA DRIVE F7 TALLAHASSEE, FL 32301	925 E. MAGNOLIA DRIVE F7 TALLAHASSEE, FL 32301

04262006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
20-1343297
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AKIN, YALCIN DR.
925 E. MAGNOLIA DRIVE
F7
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AKIN, YALCIN DR.
STREET ADDRESS	925 E. MAGNOLIA DRIVE #F7
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	VP
NAME	TOZOGLU, DOGAN DR.
STREET ADDRESS	925E. MAGNOLIA DRIVE #M7
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	SECRETARY
NAME	DAGLI, ARIF
STREET ADDRESS	925 E. MAGNOLIA DRIVE #N8
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	KOVANKAYA, MESUT
STREET ADDRESS	1211 OAKS EDGE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	D
NAME	PROVO, NATALIE M.
STREET ADDRESS	912 DELORES DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300074509653
05/12/06--01014--009 **70.00

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

SIGNATURE: Yalcin Akin Yalcin Akin 4/24/2006 (850) 345-0571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #