


APPROVAL  
 07-21-2006 90026 024 \*\*\*\*\*61.25  
 FILED N04000012054

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

06 SEP -7 AM 10:58

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*PSL*

|  |                               |   |   |   |          |
|--|-------------------------------|---|---|---|----------|
| DOCUMENT # N04000012054  |                               |   |   |  |          |
| 1. Entity Name<br>THE INTERNATIONAL UNIVERSITY, INC.   |                               |   |   |   |          |
| Principal Place of Business<br>MONDSCHINGASSE 16 A-1070<br>VIENNA AUSTRIA, XX  |                               |   | Mailing Address<br>MONDSCHINGASSE 16 A-1070<br>VIENNA AUSTRIA, XX |   |          |
| 2. Principal Place of Business   |                               |   | 3. Mailing Address  |   |          |
| Suite, Apt. #, etc.  |                               |   | Suite, Apt. #, etc.   |   |          |
| City & State   |                               |   | City & State  |   |          |
| Zip  |                               | Country   | Zip   |   | Country  |
| 6. Name and Address of Current Registered Agent  |                               |   |   | 7. Name and Address of New Registered Agent                                       |          |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301   |                               |   |   | Name  |          |
|  |                               |   |   | Street Address (P.O. Box Number is Not Acceptable)                                |          |
|  |                               |   |   | City  |          |
|  |                               |   |   | FL  | Zip Code |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>   |                               |   |   |   |          |
| Filing Fee is \$81.25<br>Due by September 6, 2006  |                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be<br>Added to Fees  |          |
| Make check payable to<br>Florida Department of State   |                               |   |   |   |          |
| 10. OFFICERS AND DIRECTORS   |                               |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10             |   |          |
| TITLE  | P                             | <input type="checkbox"/> Delete   | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |          |
| NAME   | GOODHEER, WIL C.              |   | NAME  | 247 Deer Haven Rd.  |          |
| STREET ADDRESS   | 2614 SUNSET PLACE             |   | STREET ADDRESS  | Sparta, NC 28675  |          |
| CITY-ST-ZIP  | NASHVILLE, TN 37212           |   | CITY-ST-ZIP   |   |          |
| TITLE  | V                             | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| NAME   | BOYER, LINDA                  |   | NAME  |   |          |
| STREET ADDRESS   | MARIAHILFERSTRASSE 158 A-1150 |   | STREET ADDRESS  |   |          |
| CITY-ST-ZIP  | VIENNA AUSTRIA,               |   | CITY-ST-ZIP   |   |          |
| TITLE  | ST                            | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| NAME   | DEDERSHECK, HANS              |   | NAME  |   |          |
| STREET ADDRESS   | MONDSCHINGASSE 16 A-1070      |   | STREET ADDRESS  |   |          |
| CITY-ST-ZIP  | VIENNA AUSTRIA,               |   | CITY-ST-ZIP   |   |          |
| TITLE  |                               | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| NAME   |                               |   | NAME  |   |          |
| STREET ADDRESS   |                               |   | STREET ADDRESS  |   |          |
| CITY-ST-ZIP  |                               |   | CITY-ST-ZIP   |   |          |
| TITLE  |                               | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| NAME   |                               |   | NAME  |   |          |
| STREET ADDRESS   |                               |   | STREET ADDRESS  |   |          |
| CITY-ST-ZIP  |                               |   | CITY-ST-ZIP   |   |          |
| TITLE  |                               | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| NAME   |                               |   | NAME  |   |          |
| STREET ADDRESS   |                               |   | STREET ADDRESS  |   |          |
| CITY-ST-ZIP  |                               |   | CITY-ST-ZIP   |   |          |
| 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: <i>Wil C. Goodheer</i>  |                               | 13 July 2006  |   | 011-43-1-718506811  |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                               | Date  |   | Daytime Phone #   |          |