2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# P04000061841

Entity Name: INTERNATIONAL BUSINESS COLLEGE OF AMERICA, INC.

Current Principal Place of Business:

851 CHALET SUZANNE ROAD
LAKE WALES, FL 33859

New Principal Place of Business:

Current Mailing Address:

191 GREENFIELD RD
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 20-1035101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WISEMAN, TIMOTHY R
191 GREENFIELD RD
WINTER HAVEN, FL 33884 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DST	( ) Delete
Name:	WISEMAN, PATRICIA D	
Address:	191 GREENFIELD RD	
City-St-Zip:	WINTER HAVEN, FL 33884	
Title:	D	( ) Delete
Name:	WISEMAN, NAOMI C	
Address:	210 S LAKESHORE DR	
City-St-Zip:	LAKE WALES, FL 33859	
Title:	DP	( ) Delete
Name:	WISEMAN, TIMOTHY R	
Address:	191 GREENFIELD RD	
City-St-Zip:	WINTER HAVEN, FL 33884	
Title:	DVP	( ) Delete
Name:	SCHWARZE, JOHN A	
Address:	202 LA CASA	
City-St-Zip:	LAKE WALES, FL 33898	
Title:	D	( ) Delete
Name:	ERICSSON, LISA	
Address:	BOX 4088	
City-St-Zip:	891 04 ORNSKOLDVIK, SW SWEDEN	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DVP	(X) Change ( ) Addition
Name:	SCHWARZE, JOHN A	
Address:	200 THE ESPLANADE N, UNIT A-1	
City-St-Zip:	VENICE, FL 34285	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY R. WISEMAN DP 04/19/2006

Electronic Signature of Signing Officer or Director — Date