

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000108698

FILED
May 06, 2009
Secretary of State

Entity Name: INTERNATIONAL STUDENT EXPERIENCE CORPORATION

Current Principal Place of Business:

3269 VILLA STRADA WAY
ORLANDO, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

3269 VILLA STRADA WAY
ORLANDO, FL 32835 US

New Mailing Address:

FEI Number: 20-3269328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSON, CAROLINE
8818 COMMODITY CIRCLE
40
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

LARSON, CAROLINE
8810 COMMODITY CIRCLE
17
ORLANDO, FL 32819 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: CAROLINE LARSON

05/06/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DE OLIVEIRA, DEISI M
Address: 5560 METROWEST BLVD. APT 307
City-St-Zip: ORLANDO, FL 32811

Title: DS () Delete
Name: DE OLIVEIRA, MAURILIO
Address: RUA ARTUR TOMAS, 129 APT 1501, MARINGA,
City-St-Zip: PARANA, BRAZIL 87013-230,

Title: DTS () Delete
Name: DE OLIVEIRA BERSANI, HELOISA F
Address: RUA SILVA JARDIM, 190 APT 151, MARINGA,
City-St-Zip: PARANA, BRAZIL 87013-320,

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:

I hereby certify that the information supplied with this filing does not qualify 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: DEISI DE OLIVEIRA

P

05/06/2009

Electronic Signature of Signing Officer or Director

Date