

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000068056

FILED
Jan 20, 2009
Secretary of State

Entity Name: INNOVA COLLEGE VIRTUAL CAMPUS, INC.

Current Principal Place of Business:

110 E. BROWARD BLVD.
SUITE 1700
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

110 E. BROWARD BLVD.
SUITE 1700
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 80-0226377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PLASKETT, MILES L
200 SOUTH BISCAYNE BOULEVARD, SUITE 3400
MIAMI, FL 33131 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: D () Delete
Name: VILLASENOR MALDONADO, ERICH R
Address: 2240 ALAMEDA, SANTIAGO CENTRO
City-St-Zip: SANTIAGO CHILE,

Title: D () Delete
Name: COVARRUBIAS GIORDANO, RUBEN
Address: 2240 ALAMEDA, SANTIAGO CENTRO
City-St-Zip: SANTIAGO CHILE,

Title: D () Delete
Name: VILLASENOR SANCHEZ, ALVARO
Address: 2240 ALAMEDA, ANDTIAGO CENTRO
City-St-Zip: SANTIAGO CHILE,

Title: D () Delete
Name: GONZALEZ, JOSE CASTRO
Address: LA PASTORA 121, PISO 4
City-St-Zip: LAS CONDES, SANTIAGO CHILE,

Title: D () Delete
Name: HERANE TSCHORNE, MARIO
Address: 316 EAST SHERIDAN ST, APT NO 307
City-St-Zip: DANIA, FL 33004

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: () 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: MARIO F. HERANE

COO

01/20/2009

Electronic Signature of Signing Officer or Director

Date