

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90472 036 \*\*\*150.00

**DOCUMENT # F04000004033**

1. Entity Name  
IOWA COLLEGE ACQUISITION CORP.



Principal Place of Business  
6301 KAPLAN UNIVERSITY  
FORT LAUDERDALE, FL 33309

Mailing Address  
1400 HEMBREE ROAD  
100  
ROSWELL, GA 30076

**60032665**



04262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
37-1377789

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	KERBER, GARY D
STREET ADDRESS	1400 HEMBREE ROAD, SUITE 100
CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	V
NAME	ROSEN, ANDREW S
STREET ADDRESS	6301 KAPLAN UNIVERSITY AVE
CITY-ST-ZIP	NEW YORK, NY 10106
TITLE	V
NAME	PISANO, VINCE
STREET ADDRESS	1400 HEMBREE ROAD, SUITE 100
CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	V
NAME	KOSENTOS, GERALD
STREET ADDRESS	1400 HEMBREE ROAD, SUITE 100
CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	VT
NAME	SEELYE, MATTHEW C
STREET ADDRESS	1400 HEMBREE ROAD, SUITE 100
CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	V
NAME	DILLON, VERONICA
STREET ADDRESS	888 SEVENTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10106

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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: Matthew C. Seelye  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/06  
Date

Daytime Phone #