


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90073 042 \*\*\*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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 3750 Brookside Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 150

City & State	City & State Alpharetta, GA
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Zip	Country	Zip	Country
30022	USA	30022	USA

03282007 Chg-P CR2E034 (12/06)

4. FEI Number 37-1377789	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KERBER, GARY D 1400 HEMBREE ROAD, SUITE 100 ROSWELL, GA 30076 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Kevin Corser 3750 Brookside Parkway, Suite 150 Alpharetta, GA 30022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSEN, ANDREW S 6301 KAPLAN UNIVERSITY AVE NEW YORK, NY 10106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PISANO, VINCE 1400 HEMBREE ROAD, SUITE 100 ROSWELL, GA 30076 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jeff Conlon 311 S. Wacker Chicago, IL 60607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOSENTOS, GERALD 1400 HEMBREE ROAD, SUITE 100 ROSWELL, GA 30076 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert Lane 888 Seventh Ave New York, NY 10106 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SEELYE, MATTHEW C 1400 HEMBREE ROAD, SUITE 100 ROSWELL, GA 30076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6301 Kaplan University Ave. Ft. Lauderdale, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DILLON, VERONICA 888 SEVENTH AVENUE NEW YORK, NY 10106 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 4-27-07 Daytime Phone # 770-776-5069  
Kevin Corser