


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000005455	
1. Entity Name THE INTERNATIONAL INSTITUTE FOR QUALITY AND ETHICS IN SERVICE AND TOURISM LTD., INC.	

Principal Place of Business 8755 MISTY CREEK DRIVE SARASOTA, FL 34241	Mailing Address 8755 MISTY CREEK DRIVE SARASOTA, FL 34241
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01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3045352	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HALL, STEPHEN S 8755 MISTY CREEK DRIVE SARASOTA, FL 34241

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, RAY P.O. BOX 898 DURHAM, NH 03824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALL, MARJORIE S 8755 MISTY CREEK DRIVE SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEIM, PETER D 2085 BEACON HILL WAY ALPHARETTA, GA 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUILILATO, CERARD AV BERNARD HIRSCH 95021 CERGY-PONTOISE CEDEX FRANCE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN P.H.D., POLLY 2064 ROOSEVELT HALL YPSILANTI, MI 48197
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/17/06-80009-011 61.25

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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 617, 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: <u>Martories Hall</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1/09/06</u> Daytime Phone # <u>94-726-8751</u>