

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90280 027 ****61.25

DOCUMENT # F96000004377

1. Entity Name
WORLD EDUCATION SERVICES, INC.

Principal Place of Business
**1 BATTERY PARK PLAZA
3RD FL
NEW YORK NY 10004**

Mailing Address
**1 BATTERY PARK PLAZA
3RD FL
NEW YORK NY 10004**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



1st MOORE CR2E037 (10/05)

4. FEI Number **23-7396384** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-0000**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT DUNNET, STEPHEN C C/O 1 BATTERY PARK PLAZA 3RD FL NEW YORK NY 10004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAN OBLIGAN C/O 1 BATTERY PARK PLAZA, 3RD FLOOR New York, NY 10004 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HANS, DE WIT C/O 1 BATTERY PARK PLAZA 3RD FL NEW YORK NY 10004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIDSON, DAN C/O 1 BATTERY PARK PLAZA, 3RD FLOOR New York, NY 10004 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT BERGLAND, STEVEN C/O 1 BATTERY PARK PLAZA 3RD FL NEW YORK NY 10004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHIBA, MARGARET C/O 1 BATTERY PARK PLAZA, 3RD FLOOR New York, NY 10004 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORDE, KENNETH C/O 1 BATTERY PARK PLAZA 3RD FL NEW YORK NY 10004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEYTON-BLOOM, DAVID C/O 1 BATTERY PARK PLAZA, 3RD FLOOR New York, NY 10004 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ASSEFA, MARIAM C/O 1 BATTERY PARK PLAZA 3RD FL NEW YORK NY 10004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YILDIZLAN, MATH. C/O 1 BATTERY PARK PLAZA, 3RD FLOOR New York, NY 10004 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORONHA, JUNE C/O 1 BATTERY PARK PLAZA 3RD FL NEW YORK NY 10004 <input 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 Section 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: **MARIAM ASSEFA** 4/27/06