


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90041 020 ***150.00

DOCUMENT # G80641 1. Entity Name INTERNATIONAL UNIVERSITY OF PSYCHOLOGY, INC.	
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Principal Place of Business 7160 SW 21 ST APT. 3 MIAMI, FL 33155	Mailing Address 7160 SW 21 ST APT. 3 MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE

04102007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0270168	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, HAYDEE
~~14789 SW 18 ST #5~~ 7160 SW 21 Street
MIAMI, FL 33165 #3
MIAMI, FL 33155

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	VD Soler, Maria Angeles
NAME	PORTUONDO, JUAN A
STREET ADDRESS	CALLE AMIGO 38, 1ST 2ND
CITY-ST-ZIP	BARCELONA 21, SPAIN,
TITLE	P
NAME	GARCIA, HAYDEE 7160 SW 21 St., #3
STREET ADDRESS	14789 SW 18 ST #5
CITY-ST-ZIP	MIAMI, FL 33165 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Haydee Garcia 4/17/07 (786) 290-4657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #