## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000003980

FILED Feb 22, 2006 Secretary of State

Entity Name: INTERNATIONAL ACCREDITATION REGISTRY, INC.

Current Principal Place of Business: New Principal Place of Business:

12937 SW 112 ST 677 CAREY WAY

# 273 ORLANDO, FL 32825

MIAMI, FL 33126

Current Mailing Address: New Mailing Address:

12937 SW 112 ST 677 CAREY WAY

# 273 ORLANDO, FL 32825 US MIAMI, FL 33126

FEI Number: 65-1116516 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HENAO, ALEXANDER
12937 SW 112 ST
4273

JUANA, RAMOS
677 CAREY WAY
ORLANDO, FL 32825
US

# 273 ORLANDO, FL 32825 U MIAMI, FL 33126 US

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.

SIGNATURE: ALEXANDER HENAO 02/22/2006

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

itle: ED ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 HENAO, ALEXANDER MR.
 Name:
 RAMOS, JUANA MS.

 Address:
 12937 SW 112 ST, # 273
 Address:
 677 CAREY WAY

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:
 ORLANDO, FL 32825 US

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 FRANKLIN, RUSTY MR.
 Name:

 Address:
 12937 SW 112 ST, # 273
 Address:

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HIGHLANDS, JIM MR.
 Name:

 Address:
 12937 SW 112 ST, #273
 Address:

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MUNCY, DONALD MR.
 Name:

 Address:
 12937 SW 112 ST, # 273
 Address:

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 NATALE, LUCIA
 Name:

 Address:
 12937 SW 112 ST, # 273
 Address:

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUANA RAMOS D 02/22/2006