2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004
Secretary of State

DOCUMENT# N02000007873

Entity Name: INTERNATIONAL SCHOOL CONNECTION, INC.

Current Principal Place of Business:

13604 WATERFALL WAY
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

13604 WATERFALL WAY
TAMPA, FL 33624

New Mailing Address:

FEI Number: 56-2304634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHLOSSER, RICHARD A
500 E. KENNEDY BLVD., STE. 200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DV	( ) Delete
Name:	BJORKMAN, CONNY	
Address:	MID SWEDEN UNIVERSITY BRUA	
City-St-Zip:	OSTERSUND, SWEDEN, S-8215	
Title:	DV	(X) Delete
Name:	BALDWIN, CAROLYN	
Address:	651 CARL FLOYD RD	
City-St-Zip:	WINTER HAVEN, FL 33884	
Title:	D	( ) Delete
Name:	HALINEN, IRMELI	
Address:	HAMEENTIE 11 A	
City-St-Zip:	HELSINKI, FINLAND, FIN-0530	
Title:	D	( ) Delete
Name:	NORLIN, STURE	
Address:	BJORN 168	
City-St-Zip:	NJURUNDA, SWEDEN, 862-9	
Title:	DP	( ) Delete
Name:	SNYDER, KAROLYN	
Address:	13604 WATERFALL WAY	
City-St-Zip:	TAMPA, FL 33624	
Title:	D	( ) Delete
Name:	WALLENBERG, HELENA	
Address:	3024 VILLA ROSA PK	
City-St-Zip:	TAMPA, FL 33611	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KAROLYN SNYDER PRES 08/11/2004

Electronic Signature of Signing Officer or Director — Date