

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007873

FILED
May 01, 2006
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: 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:

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: KAROLYN SNYDER

DP

05/01/2006

Electronic Signature of Signing Officer or Director

Date