

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000007873

FILED
Oct 10, 2008
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:

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: RICHARD A.SCHLOSSER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PERSSON, HANS-ERIK
Address: KUNGSGATAN 26
City-St-Zip: KATRINEHOLM, SWEDEN, SW 64136 SW

Title: D () Delete
Name: SENFT, PAUL
Address: 18 NORTH 6TH STREET
City-St-Zip: HAINES CITY, FL 33845 US

Title: D (X) Delete
Name: NORLIN, STURE
Address: BJORN 168
City-St-Zip: NJURUNDA, SWEDEN, SW 862-9 SW

Title: DP () Delete
Name: SNYDER, KAROLYN
Address: 13604 WATERFALL WAY
City-St-Zip: TAMPA, FL 33624 US

Title: D () Delete
Name: ANDERSON, ROBERT
Address: 13604 WATERFALL WAY
City-St-Zip: TAMPA, FL 33624 US

Title: D () Delete
Name: FITZGERALD, JOHN
Address: 102 OLD SHIP ROAD BOX 112 FITZROY HARBOR
City-St-Zip: OTTAWA, ONTARIO, CA K0A1X0

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
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City-St-Zip:

Title: () Change () Addition
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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 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

10/10/2008

Electronic Signature of Signing Officer or Director

Date