

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001034

FILED
Jul 17, 2006
Secretary of State

Entity Name: INNOVA INSTITUTE FOR POSTGRADUATE EDUCATION, INC.

Current Principal Place of Business:

9504 EDDINGS ROAD
ODESSA, FL 33556

New Principal Place of Business:

8615 VIVIAN BASS WAY
ODESSA, FL 33556

Current Mailing Address:

9504 EDDINGS ROAD
ODESSA, FL 33556

New Mailing Address:

PO BOX 6
ODESSA, FL 33556

FEI Number: 55-0819746 **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:

FOWLER WHITE BOGGS BANKER PA
501 E KENNEDY BLVD STE 1700
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: D () Delete
Name: COHEN, GARY M
Address: 8615 VIVIAN BASS WAY
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: COHEN, ROBIN J
Address: 8615 VIVIAN BASS WAY
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: COHEN, RANDEL Q
Address: 8615 VIVIAN BASS WAY
City-St-Zip: ODESSA, FL 33556

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:

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: GARY M COHEN

D

07/17/2006

Electronic Signature of Signing Officer or Director

Date