

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001551

FILED
Apr 20, 2006
Secretary of State

Entity Name: SWEETWATER EDUCATION, INC.

Current Principal Place of Business:

383 NW 103 TERRACE
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

383 NW 103 TERRACE
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: 20-1181159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALACACI, CENGIZ DR.
383 NW 103 TERRACE
PEMBROKE PINES, FL 33026 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: ALACACI, CENGIZ
Address: 383 NW 103 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: AKTAS, ELVAN
Address: 5010 NW 44TH STREET
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: ERBAY, ALI S
Address: 2511 NE 11 AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: AFACAN, ISA
Address: 1421 SW 67TH AVENUE, APT. 55
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: OKSAYOGLU, ETEM
Address: 2799 SW 32 AVENUE
City-St-Zip: PEMBROKE PARK, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: ALACACI, CENGIZ
Address: 383 NW 103 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: DR. (X) Change () Addition
Name: AKTAS, ELVAN
Address: 5010 NW 44TH STREET
City-St-Zip: COCONUT CREEK, FL 33073

Title: DR. (X) Change () Addition
Name: ERBAY, ALI S
Address: 2511 NE 11 AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

Title: MR. (X) Change () Addition
Name: AFACAN, ISA
Address: 1421 SW 67TH AVENUE, APT. 55
City-St-Zip: MIAMI, FL 33144

Title: MR. (X) Change () Addition
Name: OKSAYOGLU, ETEM
Address: 2799 SW 32 AVENUE
City-St-Zip: PEMBROKE PARK, FL 33023

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: CENGIZ ALACACI

DR.

04/20/2006

Electronic Signature of Signing Officer or Director

Date