2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008
Secretary of State

DOCUMENT# N03000003639

Entity Name: INTERNATIONAL COALITION OF FAMILY FOR EDUCATION, CORP.

Current Principal Place of Business:

1632 NW 15 TERRACE
FT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1632 NW 15 TERRACE
FT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 27-0085980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MELUS, MEDICOUR
1632 NW 15 TERRACE
FT LAUDERDALE, FL 33311 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: P ( ) Delete
Name: MELUS, MEDICOEUR
Address: 1632 NW 15 TERRACE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: V ( ) Delete
Name: CELESTIN, DELIUS
Address: 1545 NW 14TH CIRCLE #153
City-St-Zip: POMPANO BEACH, FL 33069

Title: T ( ) Delete
Name: VOLTAIRE, WISVICK
Address: 1505 NW 14TH CIRCLE #165
City-St-Zip: POMPANO BEACH, FL 33069

Title: S ( ) Delete
Name: EXAVIER, LUSCIANAIS
Address: 401 NW 7TH STREET
City-St-Zip: FT LAUDERDALE, FL 33304

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:

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: MELUS MEDICOUR P 03/28/2008

Electronic Signature of Signing Officer or Director — Date