

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90124 001 ****61.25
07-05-2005 90124 002 *****8.75

DOCUMENT # N03000007604

1. Entity Name
GEORGE WASHINGTON GLOBAL EDUCATION
EXCHANGE NETWORK, INC.



Principal Place of Business
91 SABLE COURT
WINTER SPRINGS, FL 32708

Mailing Address
91 SABLE COURT
WINTER SPRINGS, FL 32708

66024090

2. Principal Place of Business
10019 Bridgeview Dr.

3. Mailing Address
10019 Bridgeview Dr.

City & State
Howey Hills

City & State
Howey Hills

Zip
34737

Country
USA



05232005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1205950

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VAZQUEZ, SUZANNE E
9671 TRADEPORT DRIVE
ORLANDO, FL 32827

7. Name and Address of New Registered Agent
Name
Chung, - Ku K.
Street Address (P.O. Box Number is Not Acceptable)
10019 Bridgeview Dr
City
Howey Hills FL Zip Code
34737

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *K. K. Chung* (NOTE: Registered Agent signature required when renewing) DATE *June 29, 05*

Filing Fee is \$61.25 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HYUN, CHONG-MIN 91 SABLE COURT WINTER SPRINGS, FL 32701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP KIM, PILSOO 91 SABLE COURT WINTER SPRINGS, FL 32701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KIM, MYUNG H 91 SABLE COURT WINTER SPRINGS, FL 32701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Hyun, Chong-Min 10019 Bridgeview Dr. Howey Hills, FL 34737	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP Kim, Pilsoo 10019 Bridgeview Dr. Howey Hills, FL 34737	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Kim, Myung H. 10019 Bridgeview Dr. Howey Hills, FL 34737	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Chong-Min Hyun* 6/29/05 (352) 255-2891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #