


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N03000007604 |  |
| 1. Entity Name GEORGE WASHINGTON GLOBAL EDUCATION EXCHANGE NETWORK, INC. | |

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| Principal Place of Business 10019 BRIDGEVIEW DR HOWEY HILLS, FL 34737 | Mailing Address 10019 BRIDGEVIEW DR HOWEY HILLS, FL 34737 |
|--|--|



01162006 No Chg-NP CRZE037 (11/05)

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|------------------------------------|---|
| 4. FEI Number 65-1205950 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|---|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CHUNG, KU K 10019 BRIDGEVIEW DR HOWEY HILLS, FL 34737 |
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IN THIS SPACE**

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 Ku K Chung Jan 24, 2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------|
| TITLE | P |
| NAME | HYUN, CHONG-MIN |
| STREET ADDRESS | 10019 BRIDGEVIEW DR |
| CITY-ST-ZIP | HOWEY HILLS, FL 34737 |
| TITLE | SVP |
| NAME | KIM, PILSOO |
| STREET ADDRESS | 10019 BRIDGEVIEW DR |
| CITY-ST-ZIP | HOWEY HILLS, FL 34737 |
| TITLE | T |
| NAME | KIM, MYUNG H |
| STREET ADDRESS | 10019 BRIDGEVIEW DR |
| CITY-ST-ZIP | HOWEY HILLS, FL 34737 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000000412481
02/10/06-80049-005 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 01/18/06 (352) 255-2891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #