2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004852

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ORLANDO, FL 32824 US

TORO, ABDALIS

3862 BENTFORD CT.

ORLANDO, FL 32817 US

() Delete

FILED Apr 28, 2005 Secretary of State

Entity Name: ASSOCIATION OF INTERNATIONAL CHRISTIAN COLLEGES & SEMINARIES, INC.

Current Principal Place of Business: New Principal Place of Business: 13152 LAVEN LN. ORLANDO, FL 32824 US **Current Mailing Address: New Mailing Address:** P.O. BOX 593063 3862 BENTFORD CT. 13152 LAVEN LN. ORLANDO, FL 32817 US ORLANDO, FL 32824 US FEI Number: 20-2754308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PLAZA, EVELYN 13152 LAVEN LN. ORLANDO, FL 32824 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PLAZA, EVELYN Name: Name: 13152 LAVEN LN. Address: Address: City-St-Zip: ORLANDO, FL 32824 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: YAMIL, THOMAS Name: Address: 3862 BENTFORD CT. Address: City-St-Zip: ORLANDO, FL 32817 US City-St-Zip: Title: () Delete Title: (X) Change () Addition REYES, MARCOS Name: ROSA, NOEMI Name: 13152 LAVEN LN. 4940 HOFFNER AVE. Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ORLANDO, FL 32812 US

3000 COLLEGE DRIVE APT. 94

BLUEFIELD, VA 24605 US

TORO, ABDALIS

(X) Change () Addition

SIGNATURE: THOMAS YAMIL VP 04/28/2005