

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006257

FILED  
May 01, 2007  
Secretary of State

Entity Name: STARS EDUCATION SERVICES INC.

## Current Principal Place of Business:

925 E. MAGNOLIA DRIVE  
F7  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

STARS MIDDLE SCHOOL 1234 BLOUNTSTOWN HWY  
TALLAHASSEE, FL 32304

## Current Mailing Address:

925 E. MAGNOLIA DRIVE  
F7  
TALLAHASSEE, FL 32301

## New Mailing Address:

STARS MIDDLE SCHOOL 1234 BLOUNTSTOWN HWY  
TALLAHASSEE, FL 32304

FEI Number: 20-1343297      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

AKIN, YALCIN DR.  
925 E. MAGNOLIA DRIVE  
F7  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

AKIN, YALCIN DR.  
925 E. MAGNOLIA DRIVE  
J3  
TALLAHASSEE, FL 32301 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:

05/01/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: AKIN, YALCIN DR.  
Address: 925 E. MAGNOLIA DRIVE #F7  
City-St-Zip: TALLAHASSEE, FL 32301

Title: V ( ) Delete  
Name: TOZOGLU, DOGAN DR.  
Address: 925 E. MAGNOLIA DRIVE, #M-7  
City-St-Zip: TALLAHASSEE, FL 32301

Title: S ( ) Delete  
Name: DAGLI, ARIF  
Address: 925 E. MAGNOLIA DRIVE, #N-8  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: KOVANKAYA, MESUT  
Address: 1211 OAKS EDGE ROAD  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete  
Name: PROVO, NATALIE M  
Address: 912 DELORES DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: AKIN, YALCIN DR.  
Address: 925 E. MAGNOLIA DRIVE #J3  
City-St-Zip: TALLAHASSEE, FL 32301

Title: V (X) Change ( ) Addition  
Name: TOZOGLU, DOGAN DR.  
Address: 925 E. MAGNOLIA DRIVE, #J-3  
City-St-Zip: TALLAHASSEE, FL 32301

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: YALCIN AKIN

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date