

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006257

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** STARS EDUCATION SERVICES INC.

**Current Principal Place of Business:**

STARS MIDDLE SCHOOL 1234 BLOUNTSTOWN HWY  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

STARS MIDDLE SCHOOL 1234 BLOUNTSTOWN HWY  
TALLAHASSEE, FL 32304

**New Mailing Address:**

**FEI Number:** 20-1343297

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AKIN, YALCIN P  
1234 BLOUNTSTOWN HWY  
TALLAHASSEE, FL 32304 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  
Name: AKIN, YALCIN DR.  
Address: 1234 BLOUNTSTOWN HWY  
City-St-Zip: TALLAHASSEE, FL 32304

Title: V  
Name: TOZOGLU, DOGAN DR.  
Address: 1234 BLOUNTSTOWN HWY  
City-St-Zip: TALLAHASSEE, FL 32304

Title: S  
Name: KOVANKAYA, MESUT  
Address: 1211 OAKS EDGE ROAD  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D  
Name: AYDIN, NECATI M DR  
Address: 1234 BLOUNTSTOWN HWY  
City-St-Zip: TALLAHASSEE, FL 32304

Title: D  
Name: GLADWIN, BILL  
Address: 1234 BLOUNTSTOWN HWY  
City-St-Zip: TALLAHASSEE, FL 32304

I hereby 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 all other like empowered.

**SIGNATURE:** A. SAMET KUL

MR.

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date