

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 03, 2005 8:00 am
Secretary of State

05-03-2005 90125 007 ****61.25

DOCUMENT # N04000011951			
1. Entity Name THE DIPLOMATIC & CONSULAR ACADEMY CORPORATION			
Principal Place of Business 1311 SW CEDAR TERRACE BOCA RATON FL 33486		Mailing Address 1311 SW CEDAR TERRACE BOCA RATON FL 33486	
2. Principal Place of Business <i>225 NE Mizner Blvd.</i>		3. Mailing Address <i>225 NE Mizner Blvd.</i>	
Suite, Apt. #, etc. <i>Suite 300</i>		Suite, Apt. #, etc. <i>Suite 300</i>	
City & State <i>Boca Raton, FL</i>		City & State <i>Boca Raton, FL</i>	
Zip <i>33432</i>	Country <i>USA</i>	Zip <i>33432</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent QUIRK, JOHN P 1311 SW CEDAR TERRACE BOCA RATON FL 33486		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>John P Quirk</i> (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIRK, JOHN 1311 SW CEDAR TERRACE BOCA RATON FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRASCO, CARLOS AMB 130 ALBERT STREET., SUITE 416 OTTAWA, ONTARIO CANADA K1 9S64 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ETEBARIAN, TANNAZ 11906 CASTLEGATE COURT ROCKVILLE MD 20852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5101 Collins Ave. #9E Miami Beach, FL 33140</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <i>[Signature]</i>		Date <i>4/25/05</i> 561-620-3204 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			