

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004019

FILED
Jun 17, 2009
Secretary of State

Entity Name: INTERNATIONAL OPEN UNIVERSITY INC.

Current Principal Place of Business:

108 BROADWAY ROAD
DALLAS, TX 75662 US

New Principal Place of Business:

C/O CYBER SOLUTIONS
8721 SANTA MONICA BLVD
LOS ANGELES, CA 90069 US

Current Mailing Address:

108 BROADWAY ROAD
DALLAS, TX 75662 US

New Mailing Address:

C/O CYBER SOLUTIONS
8721 SANTA MONICA BLVD
LOS ANGELES, CA 90069 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

GALLETS, EUNICE
2825 SW 22ND AVE.
SUITE 105
DELRAY BEACH, FL 33445 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:

Title: P () Delete
Name: KENNY, BOSCO
Address: BBS, DEPT 15, P O BOX 1037,
City-St-Zip: FERNDAL, CA 95536

Title: P (X) Change () Addition
Name: TAYLOR, IAN
Address: C/O CYBER SOLUTIONS 8721 SANTA MONICA BLVD
City-St-Zip: LOS ANGELES, CA 90069

Title: D () Delete
Name: KENNY, BOSCO
Address: BBS, DEPT 15, P O BOX 1037,
City-St-Zip: FERNDAL, CA 95536

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: KENNY, LINDA
Address: BBS, DEPT 15, P O BOX 1037,
City-St-Zip: FERNDAL, CA 95536

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Delete
Name: KENNY, WILLIAM
Address: 108 BROADWAY ROAD
City-St-Zip: DALLAS, TX 75662

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: IAN TAYLOR

P

06/17/2009

Electronic Signature of Signing Officer or Director

Date