## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000001958

City-St-Zip: ORLANDO, FL 32828

FILED Apr 15, 2009 Secretary of State

Entity Name: UNIVERSAL EDUCATION SERVICES INC.						
Current Principal Place of Business:				New Principal Place of Business:		
10344 PARK COMMONS DR. ORLANDO, FL 32832				8329 NARCOOSSEE RD. #5205 ORLANDO, FL 32827		
Current Mailing Address:				New Mailing Address:		
10344 PARK COMMONS DR. ORLANDO, FL 32832				8329 NARCOOSSEE RD. #5205 ORLANDO, FL 32827		
FEI Number:	20-4357591	FEI Number Applied For ( )	FEI Number Not Ap	plicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
TASKAN, MEHMET 10344 PARK COMMONS DR. ORLANDO, FL 32832 US				TASKAN, MEHMET 8329 NARCOOSSEE RD. #5205 ORLANDO, FL 32827 US		
	named entity s of Florida.	ubmits this statement for the p	urpose of changing	g its registered	office or registered agent, or both,	
SIGNATUR	RE:				04/15/2009	
	Electron	c Signature of Registered Age	nt		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () TASKAN, MEHM 10344 PARK CO ORLANDO, FL	MMONS DR.	Title: Name: Address: City-St-Zip:	TASKAN, MEH 8329 NARCO	OSSEE RD. APT #5205	
Title: Name: Address: City-St-Zip:	V () INCE, MUSTAFA 4869 FELLS CO KISSIMMEE, FK	VE AVE	Title: Name: Address: City-St-Zip:		) Change ()Addition	
Title: Name: Address: City-St-Zip:	S () SONGUR, GIA 5421 SAN GABF ORLANDO, FL		Title: Name: Address: City-St-Zip:		) Change ()Addition	
Title: Name: Address: City-St-Zip:	M () SABIO, REINA 3200 MYRETLE KISSIMMEE, FL		Title: Name: Address: City-St-Zip:		) Change ()Addition	
Title: Name: Address:	SAHBAZ, HARUI	Delete N RESERVE BLVD #308	Title: Name: Address:	(	) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: MEHMET TASKAN Ρ 04/15/2009