

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007325

FILED
Apr 29, 2008
Secretary of State

Entity Name: INTERNATIONAL ACADEMIC EDUCATION CONSORTIUM, INC.

Current Principal Place of Business:

1931 WELBY WAY SUITE 3
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1931 WELBY WAY SUITE 3
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-8937893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, ABE DR
4085 BOTHWELL TERR
TALLAHASSEE, FL 32317 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: PD () Delete
Name: WADE, LARRY E DR
Address: 2240 EDGEWOOD DR
City-St-Zip: PANAMA CITY, FL 32405

Title: VD () Delete
Name: JOHNSON, ABE DR
Address: 4085 BOTHWELL TERR
City-St-Zip: TALLAHASSEE, FL 32317

Title: SD () Delete
Name: WADE, ANGELA R
Address: 2240 EDGEWOOD DR
City-St-Zip: PANAMA CITY, FL 32405

Title: TD () Delete
Name: POLLOCK-JOHNSON, MITTIE
Address: 4085 BOTHWELL TERR
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DR. LARRY E. WADE

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date