2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N06000010168

Entity Name: INTERNATIONAL LEARNING CENTER OF JACKSONVILLE, FLORIDA, INC.

Current Principal Place of Business:

1638 RIVERGATE TRAIL
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

1638 RIVERGATE TRAIL
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 13-4346146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARR, KIMBERLY A
1638 RIVERGATE TRAIL
JACKSONVILLE, FL 32223 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: D ( ) Delete
Name: PINDER, ROBERT
Address: 3857 FRED'S GAIT LN
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete
Name: CARR, KIMBERLY A
Address: 1638 RIVERGATE TR.
City-St-Zip: JACKSONVILLE, FL 32223

Title: T ( ) Delete
Name: DAVIS, JIM
Address: 12073 CRANEFOOT DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: S ( ) Delete
Name: OGLESBY, CAROLE
Address: 1100 CELEBRATION CT.
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: STAKE, BRENT
Address: 10737 GOLDEN SPIKE LN
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: WILLIAMS, A.R.
Address: 4348 BARQUERO CT. E.
City-St-Zip: JACKSONVILLE, FL 32217

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:

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: KIMBERLY A. CARR DIR 04/24/2009

Electronic Signature of Signing Officer or Director — Date