

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011387

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: IBP EDUCATIONAL SERVICES, INC.

## Current Principal Place of Business:

3420 TAMIAMI TRAIL  
UNIT 3  
PORT CHARLOTTE, FL 33952 US

## New Principal Place of Business:

## Current Mailing Address:

3420 TAMIAMI TRAIL  
UNIT 3  
PORT CHARLOTTE, FL 33952 US

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

KHALIDI, NASIR  
3420 TAMIAMI TRAIL  
SUITE3  
PORT CHARLOTTE, FL 33952 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: P ( ) Delete  
Name: HABIB, HABIBA  
Address: 3420 TAMIAMI TRAIL, UNIT 3  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: T ( ) Delete  
Name: JIVANJEE, SHAMA  
Address: 3420 TAMIAMI TRAIL, UNIT 3  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: VP ( ) Delete  
Name: HABIB, SHAYAN  
Address: 300 MERCER STREET, APT. 26-I  
City-St-Zip: NEW YORK, NY 10003 US

Title: S ( ) Delete  
Name: HABIB, SHEZAD  
Address: 301 ELIZABETH ST. , APT. S-5  
City-St-Zip: NEW YORK, NY 10012 US

## 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: HABIBA HABIB

P

01/14/2009

Electronic Signature of Signing Officer or Director

Date