2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005
Secretary of State

DOCUMENT# N97000001694

Entity Name: UNIVERSIDAD IBEROAMERICANA DE LIDERAZGO CRISTIANO, INC.

Current Principal Place of Business:

14540 SW 136 STREET
SUITE 212
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

14540 SW 136 STREET
SUITE 212
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-0751192 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: JUSTINIANO, ROLANDO
Address: 14540 SW 136 STREET, SUITE 212
City-St-Zip: MIAMI, FL 33186

Title: VD ( ) Delete
Name: MARKS, BAILEY, SR.
Address: 100 LAKE HART DR
City-St-Zip: ORLANDO, FL 32832

Title: TREA ( ) Delete
Name: SHARPLESS, JERRY
Address: 100 LAKE HART DRIVE
City-St-Zip: ORLANDO, FL 32832

Title: SEC ( ) Delete
Name: BEAL, DEAN
Address: 14540 SW 136 STREET, SUITE 212
City-St-Zip: MIAMI, FL 33186

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 for the exemption stated in Section 119.07(3)(i), 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: ROLANDO JUSTINIANO PD 02/22/2005

Electronic Signature of Signing Officer or Director — Date