

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007113

FILED  
Aug 31, 2005  
Secretary of State

**Entity Name:** INTERNATIONAL LEARNING ACADEMY, INC.

**Current Principal Place of Business:**

2740 BAYSHORE DR  
5  
NAPLES, FL 34112

**New Principal Place of Business:**

**Current Mailing Address:**

2740 BAYSHORE DR  
5  
NAPLES, FL 34112

**New Mailing Address:**

**FEI Number:** 02-0667663      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MAXWELL, VALAREE  
2740 BAYSHORE DR  
UNIT 5  
NAPLES, FL 34112 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: MAXWELL, VALAREE  
Address: 2740 BAYSHORE DR UNIT 5  
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete  
Name: SCHILER, RONALD  
Address: RR 1 BOX 93  
City-St-Zip: TRENTON, TX 75490

Title: D ( ) Delete  
Name: STORY, BYRON W  
Address: 1003 MOUNT HERMON ROAD SUITE 201  
City-St-Zip: SALISBURY, MD 30066

**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:

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: VALAREE MAXWELL

PD

08/31/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date