2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2007
Secretary of State

DOCUMENT# N97000007113

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 US	
Title:	D	( ) Delete
Name:	SCHILER, RONALD	
Address:	RR 1 BOX 93	
City-St-Zip:	TRENTON, TX 75490 US	
Title:	D	( ) Delete
Name:	MAXWELL, NATALEE	
Address:	2740 BAYSHORE DRIVE UNIT 5	
City-St-Zip:	NAPLES, FL 34112 US	
Title:	D	( ) Delete
Name:	CARRIGO, JEANETTE	
Address:	860 EAST BROADWAY #5C	
City-St-Zip:	LONG BEACH, NY 11561 US	
Title:	D	( ) Delete
Name:	LOUTE, NESLY	
Address:	2430 SHADOWWOOD DR. #13	
City-St-Zip:	NAPLES, FL 34112 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:	
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: VALAREE MAXWELL PD 08/28/2007

Electronic Signature of Signing Officer or Director — Date