

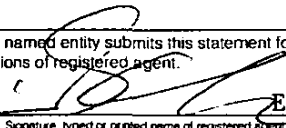
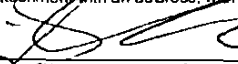


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90004 049 \*\*\*558.75

|  |   |  |   |  |   |
|--|---|--|---|--|---|
| <b>DOCUMENT # P01000009572</b><br>1. Entity Name<br><b>INTERNATIONAL ACADEMY OF REAL ESTATE, INC.</b>  |   |  |   |                           |   |
| Principal Place of Business<br><b>1221 BRICKELL AVE.<br/>MIAMI, FL 33131</b>   |   |  | Mailing Address<br><b>1221 BRICKELL AVE.<br/>MIAMI, FL 33131</b>  |  |   |
| 2. Principal Place of Business<br><b>1221 Brickell Avenue</b>  |   | 3. Mailing Address<br><b>1221 Brickell Avenue</b>  |   |                          |   |
| Suite, Apt. #, etc.<br><b>Suite 932</b>  |   | Suite, Apt. #, etc.<br><b>Suite 932</b>  |   | 07252005    Chg-P    CR2E034 (10/03)   |   |
| City & State<br><b>Miami, Florida</b>  |   | City & State<br><b>Miami, Florida</b>  |   | 4. FEI Number<br><b>65-1074493</b>   |   |
| Zip<br><b>33131</b>  |   | Country<br><b>U.S.A.</b>   |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |
| 6. Name and Address of Current Registered Agent<br><br><b>S/B CAMP, ELIZABETH C<br/>5101 COLLINS AVE APT 4-N<br/>MIAMI BEACH, FL 33140-2714</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br><div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE  <b>ELIZABETH C. CAMP</b><br/> <small>Signature, typed or printed name of registered agent and date if applicable.</small> </div> <div> <b>JULY 25, 2005</b><br/> <small>DATE</small> </div> </div>                                      |   |  |   |  |   |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 7, 2005</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |   |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br><b>CAMP, ELIZABETH C<br/>5101 COLLINS AVE APT 4-N<br/>MIAMI BEACH, FL 331402714</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |  |   |  |   |
| <b>SIGNATURE:</b>  <b>ELIZABETH C. CAMP</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  | <b>July 25, 2005</b><br><small>Date</small>   |  | <b>305-443-3632</b><br><small>Daytime Phone #</small> |