

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000061841

FILED  
Mar 18, 2009  
Secretary of State

**Entity Name:** INTERNATIONAL BUSINESS COLLEGE OF AMERICA, INC.

**Current Principal Place of Business:**

851 CHALET SUZANNE ROAD  
LAKE WALES, FL 33859

**New Principal Place of Business:**

**Current Mailing Address:**

191 GREENFIELD RD  
WINTER HAVEN, FL 33884

**New Mailing Address:**

**FEI Number:** 20-1035101

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WISEMAN, TIMOTHY R  
191 GREENFIELD RD  
WINTER HAVEN, FL 33884 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

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: DST ( ) Delete  
Name: WISEMAN, PATRICIA D  
Address: 191 GREENFIELD RD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete  
Name: WISEMAN, NAOMI C  
Address: 210 S LAKESHORE DR  
City-St-Zip: LAKE WALES, FL 33859

Title: DP ( ) Delete  
Name: WISEMAN, TIMOTHY R  
Address: 191 GREENFIELD RD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: DVP ( ) Delete  
Name: SCHWARZE, JOHN A  
Address: 200 THE ESPLANADE N, UNIT A-1  
City-St-Zip: VENICE, FL 34285

Title: D ( ) Delete  
Name: ERICSSON, LISA  
Address: BOX 4088  
City-St-Zip: 891 04 ORNSKOLDVIK, SW SWEDEN

**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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** TIMOTHY R. WISEMAN

DP

03/18/2009

Electronic Signature of Signing Officer or Director

Date