

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064070

FILED
Apr 20, 2007
Secretary of State

Entity Name: INTERACTIVE EDUCATION NETWORK, INC.

Current Principal Place of Business:

1478 S BLOOMINGDALE AVE
BRANDON, FL 33511

New Principal Place of Business:

1478 S BLOOMINGDALE AVE
VALRICO, FL 33594

Current Mailing Address:

1463 OAKFIELD DRIVE
SUITE 138
BRANDON, FL 33511

New Mailing Address:

1474 BLOOMINGDALE AVE
VALRICO, FL 33594

FEI Number: 20-3094382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEERS, WILLIAM E
1463 OAKFIELD DR.
SUITE 138
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

BEERS, WILLIAM E
1474 BLOOMINGDALE AVE
VALRICO, FL 33594 US

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:

04/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: BEERS, WILLIAM E
Address: 1463 OAKFIELD DR. #138
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: SPIEGEL, LAURIE
Address: 1463 OAKFIELD DR. #138
City-St-Zip: BRANDON, FL 33511

Title: D (X) Delete
Name: SOUZA, JEFFREY
Address: 1463 OAKFIELD DR. #138
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: MARTIN, KIM
Address: 1463 OAKFIELD DR. #138
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: BEERS, WILLIAM E
Address: 1474 BLOOMINGDALE AVE
City-St-Zip: VALRICO, FL 33594

Title: D (X) Change () Addition
Name: SPIEGEL, LAURIE
Address: 1474 BLOOMINGDALE AVE
City-St-Zip: VALRICO, FL 33594

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MARTIN, KIM
Address: 1474 BLOOMINGDALE AVE
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM E BEERS

P/D

04/20/2007

Electronic Signature of Signing Officer or Director

Date