

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000108698

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** INTERNATIONAL STUDENT EXPERIENCE CORPORATION

**Current Principal Place of Business:**

5950 LAKEHURST DR, SUITE 205  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5950 LAKEHURST DR, SUITE 205  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 20-3269328

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LARSON, CAROLINE  
5950 LAKEHURST DR, SUITE 205  
ORLANDO, FL 32819 US

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

LARSON, CAROLINE  
8818 COMMODITY CIRCLE  
40  
ORLANDO, FL 32819 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: CAROLINE LARSON

04/27/2006

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: DE OLIVEIRA, DEISI M  
Address: 5560 METROWEST BLVD. APT 307  
City-St-Zip: ORLANDO, FL 32811

Title: DS ( ) Delete  
Name: DE OLIVEIRA, MAURILIO  
Address: RUA ARTUR TOMAS, 129 APT 1501, MARINGA,  
City-St-Zip: PARANA, BRAZIL 87013-230,

Title: DTS ( ) Delete  
Name: DE OLIVEIRA BERSANI, HELOISA F  
Address: RUA SILVA JARDIM, 190 APT 151, MARINGA,  
City-St-Zip: PARANA, BRAZIL 87013-320,

**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 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: DEISE DE OLIVEIRA

DP

04/27/2006

Electronic Signature of Signing Officer or Director

Date