

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29503

FILED
Jan 26, 2006
Secretary of State

Entity Name: SCHILLER INTERNATIONAL UNIVERSITY, INC.

Current Principal Place of Business:

CORPORATE TRUST CO.
1209 ORANGE ST.
WILMINGTON, DE 198011196

New Principal Place of Business:

Current Mailing Address:

BERGSTRASSEE 106,
ATTN THOMAS LEIBRECHT
69121 HEIDELBERG GERMANY, OC 69121 OC

New Mailing Address:

BERGSTRASSEE 106,
ATTN THOMAS LEIBRECHT
69121 HEIDELBERG GERMANY, OC 69121 OC

FEI Number: 22-2506969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIBRECHT, CHRISTOPH
453 EDGEWATER DR
DUNEDIN, FL 34698 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: D () Delete
Name: LEIBRECHT, WALTER W.
Address: SCHLOSS, 74379 INGERSHEIM
City-St-Zip: GERMANY, OC 74379 OC

Title: D () Delete
Name: FARRIS, ERDMUTHE TILLI
Address: 540 WEST 122ND ST
City-St-Zip: NEW YORK, NY

Title: S () Delete
Name: LEIBRECHT, HARALD,
Address: 74379 INGERSHEIM
City-St-Zip: GERMANY, OC 74379 OC

Title: D () Delete
Name: OETTLER, WOLF-FRITZ,
Address: APARTADO POSTAL 20-187
City-St-Zip: MEXICO, DF CPO 1000 OC

Title: D () Delete
Name: JOHANSON, DR. SVEN,
Address: 15 COURT SQUARE
City-St-Zip: BOSTON, MA 02108

Title: D () Delete
Name: LEIBRECHT, THOMAS,
Address: BERGSTRASSE 106
City-St-Zip: 69121 HEIDELBERG, GERMANY, OC 69121 OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: LEIBRECHT, MARKUS,
Address: 272 ABERDEEN ST
City-St-Zip: DUNEDIN, FL 34698 FL

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: THOMAS LEIBRECHT CHAIRMAN

MR

01/26/2006

Electronic Signature of Signing Officer or Director

_____ Date