2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31674

FILED Jan 26, 2009 Secretary of State

Entity Name: ASSOCIATION OF AMERICAN SCHOOLS IN SOUTH AMERICA, INC.

Current Principal Place of Business: New Principal Place of Business:

12333 NW 18TH ST

SUITE 5

PEMBROKE PINES, FL 33026 US

Current Mailing Address: New Mailing Address:

12333 NW 18TH ST

SUITE 5

PEMBROKE PINES, FL 33026 US

FEI Number: 58-1333760 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

POORE, PAUL M ED
12333 NW 18TH STREET
POORE, PAUL M ED
12333 NW 18TH STREET

PEMBROKE PINES, FL 33028 US PEMBROKE PINES, FL 33026 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: 01/26/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PRES () Delete Title: PRES (X) Change () Addition

Name:JOHNSTON, WILLIAMName:JOSLIN, PHILIP T MRAddress:DE LA HIGUERILLAS Y ALONDRAAddress:ANDRES FERR. 4073 1636 LA LUCILACity-St-Zip:SECTOR MONETESERRIN, QECity-St-Zip:BUENOS AIRES, AR 000000000 AR

Title: ED () Delete Title: ED (X) Change () Addition

 Name:
 POORE, PAUL
 Name:
 POORE, PAUL M MR

 Address:
 12333 NW 18TH ST SUITE 5
 Address:
 12333 NW 18TH ST SUITE 5

City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: PEMBROKE PINES, FL 330261708 US

 $\label{eq:title:title:VP} \textit{Title:} \qquad \textit{VP} \qquad \textit{()} \; \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{VP} \qquad \textit{(X)} \; \textit{Change ()} \; \textit{Addition}$

Name: JOSLIN, PHILIP Name: BARBA, SUSAN . MS.

Address: ANDRES FERR. 4073 1636 LA LUCILA Address: MANUEL BEBIGNO CUERVA N80-190

City-St-Zip: BUENAS AIRES,ARGENTINA, City-St-Zip: QUITO, EC 000000000 EC

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SEC} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name: VAHEY, JEAN Name: HERRERA, STEVEN . MR.
Address: FINAL CALLE LA CINTA, LAS MERCEDES Address: RUA CAJAMAR 35, CHACARA DE BARRA

City-St-Zip: CARACUS,DF 1060 VENEZUELA, City-St-Zip: CAMPINAS, SP 000000000 BR

Name: SPINDLER, ERIC Name: JOHNSON, CRAIG . MR.

Address: KM 1, CARRETERA VIA A LA TOSCANA Address: SGAS 605 CONJUNTO E LOTES 34/37

City-St-Zip: MATURIN, EDO MONGAS VZ, City-St-Zip: BRASILIA, DF 000000000 BR

Title: D () Delete Title: BM (X) Change () Addition

Name:BERGMAN, DÓNName:CARDENAS, DAVID : MR.Address:CALLE NIDO DE AGUILAS 14515Address:KM 16, VIA LAS PALMOSCity-St-Zip:LO BARNECHEA, SANT. CHILE,City-St-Zip:ANTIOGUIA, ME 000000000 CO

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

SIGNATURE: PAUL M POORE ED 01/26/2009