


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000063487		
1. Entity Name THE INTERNATIONAL ENGINEERING ACADEMY & SOCIETY FOR PROMOTION OF LOGICAL MATHEMATICS, INCORPORAT		
Principal Place of Business 535 US HWY. 41 BYPASS N. VENICE, FL 34292 US	Mailing Address PO BOX 431 NOKOMIS, FL 34279	



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLARK, ASKEW H 535 US HWY. 41 BYPASS N. VENICE, FL 34292	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Askew H. Clark* 26 April 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, ASKEW H 535 US HWY. 41 BYPASS N. VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SULA, KENNETH 1240 SLEEPY HOLLOW DR. VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOROBECK, PAUL 25 GULF MANOR DR. VENICE, FL 34282
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000338345
04/28/05-80032-020 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Askew H. Clark* 4/25/2005 941-488-0263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #