2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000005094

Entity Name: INNOVATIVE EDUCATIONAL SERVICES, INC.

FILED Jan 04, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

4962 NW 116 AVENUE 12075 NW 78 PLACE CORAL SPRINGS, FL 33076 PARKLAND, FL 33076

Current Mailing Address: New Mailing Address:

4962 NW 116 AVENUE 12075 NW 78 PLACE CORAL SPRINGS, FL 33076 PARKLAND, FL 33076

FEI Number: 65-0897305 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:

NISS, MICHAEL L
4962 NW 116 AVENUE
CORAL SPRINGS, FL 33076 US
NISS, MICHAEL L
12075 NW 78 PLACE
PARKLAND, FL 33076 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: MICHAEL NISS 01/04/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 NISS, MICHAEL L
 Name:
 NISS, MICHAEL L

 Address:
 4962 NW 116 AVENUE
 Address:
 12075 NW 78 PLACE

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 Address:
 12075 NW 78 PLACE

 City-St-Zip:
 CORAL SPRINGS, FL 33076
 City-St-Zip:
 PARKLAND, FL 33076

Title: D () Delete Title: D (X) Change () Addition Name: NISS, DANIELLA Name: NISS, DANIELLA

 Name:
 NISS, DANIELLA
 Name:
 NISS, DANIELLA

 Address:
 4962 NW 116 AVENUE
 Address:
 12075 NW 78 PLACE

 City-St-Zip:
 CORAL SPRINGS, FL 33076
 City-St-Zip:
 PARKLAND, FL 33076

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

SIGNATURE: DANIELLA NISS D 01/04/2008