FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # P 99 0000 63 8 75 03-25-2002 90037 024 ***150.00 International Education Consulting INC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Collin Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address P.O. Box Number is Not Acceptab IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registed agent, or both, in the State of Florida. SIGNATURE ent signature required when reinstating January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61,25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. CR2E034B (12/01) TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS

Mar 25, 2002 8:00 am

13. Thereby certify that the information supplied with this filling 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CITY-ST-ZIP

CITY-ST-ZIP