

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001347

FILED
Feb 04, 2005
Secretary of State

Entity Name: ST. MATTHEW'S UNIVERSITY (CAYMAN) LTD., CORP.

Current Principal Place of Business:

P.O. BOX 32330 SMB
SAFE HAVEN, LEEWARD THREE, GRAND CAYMAN
CAYMAN ISLANDS,

New Principal Place of Business:

P.O. BOX 32330 SMB
SAFE HAVEN, LEEWARD THREE, GRAND CAYMAN
CAYMAN ISLANDS, FL

Current Mailing Address:

P.O. BOX 32330 SMB
SAFE HAVEN, LEEWARD THREE, GRAND CAYMAN
CAYMAN ISLANDS,

New Mailing Address:

P.O. BOX 32330 SMB
SAFE HAVEN, LEEWARD THREE, GRAND CAYMAN
CAYMAN ISLANDS, FL

FEI Number: 98-0367165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, DARLENE
239 WAVA AVE.
NICEVILLE, FL 32578 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: PCD () Delete
Name: HARRIS, MICHAEL A
Address: 1005 W. COLLEGE BLVD., SUITE A
City-St-Zip: NICEVILLE, FL 32578

Title: V () Delete
Name: THORNTON, JERRY
Address: 1750 W. BROADWAY STREET, SUITE 222
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: SWARTZENDRUBER, GALEN P
Address: 1921 WALDEMERE STREET, SUITE 802
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: INTERNATIONAL CORP, ATION SERVICES LTD.
Address: P.O. BOX 472, GEORGE TOWN
City-St-Zip: GRAND CAYMAN, CAYMAN ISLANDS,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: INTERNATIONAL CORP, ATION SERVICES LTD.
Address: P.O. BOX 472, GEORGE TOWN
City-St-Zip: GRAND CAYMAN, CAYMAN ISLANDS, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL A HARRIS

PCD

02/04/2005

Electronic Signature of Signing Officer or Director

Date