

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000088238

FILED
Feb 02, 2009
Secretary of State

Entity Name: INTERNATIONAL EDUCATION PROGRAMS, INC.

Current Principal Place of Business:

2800 UNIVERSITY BLVD. NORTH
105 GOODING BLDG., JAX. UNIV.
JACKSONVILLE, FL 322113394

New Principal Place of Business:

Current Mailing Address:

2800 UNIVERSITY BLVD. NORTH
105 GOODING BLDG., JAX. UNIV.
JACKSONVILLE, FL 322113394

New Mailing Address:

FEI Number: 55-0872568 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LEPRELL, SAMUEL L
1930 SAN MARCO BLVD., STE. 201
JACKSONVILLE, FL 32207 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: D () Delete
Name: PEDEN, TROY D
Address: 2800 UNIVERSITY BLVD. NORTH
City-St-Zip: JACKSONVILLE, FL 322113394

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: TROY PEDEN

_____ Electronic Signature of Signing Officer or Director

MR

02/02/2009

_____ Date