## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000004823

FILED Mar 21, 2006 Secretary of State

Entity Name: AVE MARIA UNIVERSITY PREPARATORY SCHOOL, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1025 COMMONS CIR 201 S. TUTTLE AVE. NAPLES, FL 34119 SARASOTA, FL 34237 **Current Mailing Address: New Mailing Address:** ONE AVE MARIA DR P.O. BOX 886 P.O. BOX 373 TALLEVAST, FL 34270 ANN ARBOR, MI 48105 FEI Number: 20-1121086 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: NAPLES-LAWDOCK, INC C/O QUARLES & BRADY LLP 1395 PANTHER LANE SUITE 300 NAPLES, FL 34109 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition MILLER, KENNETH F MILLER, KENNETH F Name: Name: 2260 BREMEN CT Address: 2260 BREMEN CT Address: City-St-Zip: PUNTA GORDA, FL 33983 City-St-Zip: PUNTA GORDA, FL 33983 Title: ( ) Delete Title: (X) Change ( ) Addition TRIDAS, DR ERIC MD Name: TRIDAS, DR ERIC MD Name: Address: 1126 MONTEREY BLVD NE Address: 1126 MONTEREY BLVD NE City-St-Zip: ST PETERSBURG, FL 33704 City-St-Zip: ST PETERSBURG, FL 33704 Title: ( ) Delete Title: (X) Change ( ) Addition COTTRILL, SISTER GIL, CHRIST, CE Name: COTTRILL, SISTER GIL, CHRIST, CE Name: 4253 FRUITVILLE RD 7380 PROSPECT RD Address: Address: City-St-Zip: SARASOTA, FL 33983 City-St-Zip: SARASOTA, FL 34232 Title: () Delete Title: D ( ) Change (X) Addition RAUCH, MARTY Name: Name: 8742 MISTY CREEK DR Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34241 Title: () Delete Title: ( ) Change (X) Addition CHOMA, RICHARD Name: Name: 24453 NOVA LANE Address: Address: City-St-Zip: City-St-Zip: PORT CHARLOTTE, FL 33980 Title: () Delete Title: ( ) Change (X) Addition SASVARI, KATHY Name: Name: Address: Address: 8203 OAK DRIVE PALMETTO, FL 34221 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN MILLER P 03/21/2006