


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90169 040 ****70.00

DOCUMENT # N05000002199

1. Entity Name
MONTESSORI ACADEMY OF EARLY ENRICHMENT, INC.




Principal Place of Business Mailing Address
~~317 SWAIN BLVD.~~ ~~317 SWAIN BLVD.~~
GREENACRES, FL 33463 **US** **GREENACRES, FL 33463** **US**

2. Principal Place of Business 3. Mailing Address
2925 10th Ave N **2925 10th Ave N**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 108 **Suite 108**

City & State City & State
Palm Springs, FL **Palm Springs, FL**
 Zip Country Zip Country
33461 **US** **33461** **US**

40000000



04242006 Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
73-1729769 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RANCK, MYRA J
317 SWAIN BLVD.
GREENACRES, FL 33463

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANCK, MYRA J 317 SWAIN BLVD. GREENACRES, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, LUCIA P 4120 FAITH STREET WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Myra J. Ranc 4/28/06 (561) 649-0004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #