2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

SECRETARY OF STATE VISION OF CORPORATIONS DOCUMENT # N05000002199 MONTESSORI ACADEMY OF EARLY ENRICHMENT, INC. 06 JUL 28 PM 4: 35 Principal Place of Business Mailing Address 2925 10TH AVE NORTH 2925 10TH AVE NORTH SUITE 108 SHITE 108 PALM SPRINGS, FL 33461 PALM SPRINGS, FL 33461 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 07142006 Chg-NP CR2E037 (4/06) 4. FEI Number 73-1729769 City & State City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RANCK, MYRA J Street Address (P.O. Box Number is Not Acceptable) 317 SWAIN BLVD. GREENACRES, FL 33463 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. . 1,00078121331 07/28/06--01047--010 *** SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make check payable to Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. D Diractor MLE Delete TITLE ☐ Change mary Chandler 11560 Anhupa Dr. Wellington, FL RANCK, MYRA J NAME NAME 317 SWAIN BLVD. STREET ADDRESS STREET ADDRESS 33414 CITY-ST-ZIP GREENACRES, FL 33463 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition Addition HERNANDEZ, LUCIA P NAME NAME שניים בייים STREET ADDRESS 4120 FAITH STREET STREET ADDRESS Mezz 33415 CITY-ST-ZIP WEST PALM BEACH, FL 33406 CITY-ST-ZIP Beach ōffkey Addition TITLE ☐ Delete TITLE NAME NAME tuncirale STREET ADDRESS STREET ADDRESS Beach PL 33411 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition *lugier* Valencia NAME NAME Forest Hill Blod **593**9 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33415 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS AUG 07 2006 CITY-ST-ZIP CITY-ST-ZIF D. CONNELL 12. I hereby certify that the information supplied with this filling 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. amds SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR