2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2007 8:00 am Secretary of State 03-16-2007 90034 025 ****70.00

| NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME DOUGHERTY, BARBARA STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34242 TITLE DOUGHERTY, BARBARA TREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34242 TITLE D MILLER, RANDY STREET ADDRESS CITY-ST-ZIP MAME STREET | 1. Entity Nam | MENT # N50336 TE SCHOOL, INC. | | | | -10-2007 90 | 0034 023 70 | .00 |
|--|--|---|---|--|--|---|--|--------------------------------|
| Suite, Apt. #, etc. Suite, Ap | 5237 ASHTO | ON RD | 5237 ASHTON RD | — I— . — | , | | | |
| City & State Ci | 2, Principal F | Place of Business - No P.O. Box # | 3. Mailing Address | | | | | |
| Second Sales Seco | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03052007 _C | hg-NP | CR2E037 (12/06) | |
| S. Certilicate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above namportifing subhitis 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 obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the purpose of changing its registered agent age | City & Stat | 9 | City & State | | | | <u> </u> | |
| Name Street Address (P.O. Box Number is Not Acceptable) | Zip | Country | Zip | Country | 5. Certificate of S | tatus Desired | | |
| WENNINGER, PAUL S237 ASHTON RD SARASOTA, FL 34233 City FL Zip Code | | 6. Name and Address of Current | Registered Agent | | 7. Name and Add | dress of New Re | egistered Agent | |
| 8. The above named times 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE | 5237 ASH | TON RD. | | Street A | ddress (P.O. Box Number is | Not Acceptable | | |
| 8. The above named this yound is 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 obligation of registryed agent. SIGNATURE PAUL LIEN NUMBER LIE | | | | City | | | FL Zip Cod | е |
| Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Title P | | | or the purpose of changing its r | registered office of | . / | | ol- | and accept |
| TITLE NAME MCCONAGILL, GEORGE STREET ADDRESS 4736 ACORN CIRCLE STREET ADDRESS 4736 ACORN CIRCLE STREET ADDRESS 4736 ACORN CIRCLE STREET ADDRESS GITY-ST-ZIP SARASOTA, FL 34233 | SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable (NOTE | Registered Agent signat | | or sc. | | 10 L |
| MAKE SIREET ADDRESS 4736 ACORN CIRCLE SIREET ADDRESS 4736 ACORN CIRCLE SARASOTA, FL 34233 TITLE TITLE DOUGHERTY, BARBARA SIREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34242 TITLE D SIREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34202 TITLE D SARASOTA, FL 34202 TITLE SIREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP SARASOTA, FL 34233 TITLE SIREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 TITLE SARASOTA, FL 34241 TOTAL ADDRESS SARASOTA, FL 34241 | SIGNATURE | Filing Fee is \$61.25 | 9. Election Cam | paign Financing | ture required when reinstaking) \$5.00 May Be | Ma | DATE ake check payable t | |
| TITLE NAME DOUGHERTY, BARBARA STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34242 TITLE D Delete TITLE MAME MILLER, RANDY STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 TITLE D WENNINGER, PAUL STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 TITLE D WENNINGER, PAUL STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP TITLE C MAME DEAN, JIMMY GREET ADDRESS GTY-ST-ZIP STREET ADDRESS GTY-ST-ZIP STREET ADDRESS GTY-ST-ZIP TITLE C MAME DEAN, JIMMY GREET ADDRESS GTY-ST-ZIP SARASOTA, FL 34241 DELETE DELETE DELETE TOTAL ACCORD TOTAL ACCOR | | Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR | 9. Election Cam Trust Fund Co | paign Financing ontribution. | \$5.00 May Be Added to Fees ADDITIONS/CHANG | Ma Flori | ake check payable t | tate |
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| TILE NAME KNOPIK, STEVE STREET ADDRESS SARASOTA, FL 34240 TILE TRASSUREL WAME WANDE TRUSCHEL STREET ADDRESS SARASOTA, FL 34240 TILE TRASSUREL WAME WANDE TRUSCHEL STREET ADDRESS SARASOTA, FL 34243 | 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | PMCCONAGILL, GEORGE 4736 ACORN CIRCLE SARASOTA, FL 34233 DOUGHERTY, BARBARA 7825 SANDERLING RD SARASOTA, FL 34242 D MILLER, RANDY 6605 NAUTICAL DR. BRADENTON, FL 34202 D WENNINGER, PAUL 5237 ASHTON RD. | 9. Election Cam Trust Fund Co | Ipaign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | S5.00 May Be Added to Fees ADDITIONS/CHANG DIECTOR STEYE KNOW SARA 30 TA, VILLE PRESIDE, DANA NEST G20 SIRUS | Maria Macia | ake check payable to da Department of S RS AND DIRECTORS IN Change O O D ACC DIRECTORS IN Change Change | tate 110 Addition Addition |
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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 for trustice 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF SIGNATURE:

PAUL WENDWORD 3/7/ רס DIRECTOR

941,922,4949