2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# P10464

Entity Name: PAGE PRIVATE SCHOOL, INC.

Current Principal Place of Business:

657 VICTORIA STREET
COSTA MESA, CA 92627

New Principal Place of Business:

Current Mailing Address:

PO BOX 10909
COSTA MESA, CA 92627 US

New Mailing Address:

FEI Number: 95-1831061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KLINDWORTH, PATRICIA
10250 UNIVERSITY BLVD
ORLANDO, FL 32817 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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	VAUGHAN, CHARLES	
Address:	657 VICTORIA ST.	
City-St-Zip:	COSTA MESA, CA	
Title:	PD	( ) Delete
Name:	VAUGHAN, CHARLES	
Address:	657 VICTORIA ST.	
City-St-Zip:	COSTA MESA, CA	
Title:	D	( ) Delete
Name:	EVERSON, YVONNE	
Address:	133 S. PLYMOUTH BLVD.	
City-St-Zip:	LOS ANGELES, CA	
Title:	D	( ) Delete
Name:	HAMILTON, PATRICK	
Address:	1800 PORT ASHLEY	
City-St-Zip:	NEWPORT BEACH, CA	
Title:	D	( ) Delete
Name:	POLLOCK, DANA	
Address:	506 E. SOUTH TEMPLE	
City-St-Zip:	SALT LAKE CITY, UT	
Title:	SD	( ) Delete
Name:	VAUGHAN, MICHELE F	
Address:	657 VICTORIA ST.	
City-St-Zip:	COSTA MESA, CA	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES VAUGHAN PD 02/12/2009

Electronic Signature of Signing Officer or Director — Date