2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 295706

Title:

Name:

Address:

City-St-Zip:

FILED Mar 14, 2007 Secretary of State

| 2001 MEI 11 / 2007 00 | ocorciary or otate |
|---|---|
| Entity Name: THE CHAPPELL SCHOOLS, INC. | |
| Current Principal Place of Business: | New Principal Place of Business: |
| 8400 BAYCENTER RD JACKSONVILLE, FL 32256 US | |
| Current Mailing Address: | New Mailing Address: |
| 8400 BAYCENTER RD JACKSONVILLE, FL 32256 US | |
| FEI Number: 59-1104787 FEI Number Applied For() FE | El Number Not Applicable () Certificate of Status Desired (X) |
| Name and Address of Current Registered Agent: | Name and Address of New Registered Agent: |
| DRENNON, KATHERYNE C 8400 BAYCENTER RD JACKSONVILLE, FL 32256 US | |
| The above named entity submits this statement for the purpoin the State of Florida. | ose of changing its registered office or registered agent, or both, |
| SIGNATURE: | |
| Electronic Signature of Registered Agent | Date |
| Election Campaign Financing Trust Fund Contribution (). | |
| OFFICERS AND DIRECTORS: | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR |
| Title: COB () Delete Name: DRENNON, KATHERYNE C, . | Title: COB (X) Change () Addition Name: DRENNON, KATHERYNE C, . |

6812 LINFORD LANE Address: 6812 LINFORD LANE Address: City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: JACKSONVILLE, FL 32217 US Title: () Delete Title: (X) Change () Addition HARRIS, LYNNE B HARRIS, LYNNE B Name: Name: Address: 7679 HOLLYRIDGE CIRCLE Address: 7679 HOLLYRIDGE CIRCLE JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 US City-St-Zip: City-St-Zip:

() Delete Title: VP () Change (X) Addition
Name: SCHROEDER, ANGENIS M
Address: 8400 BAYCENTER ROAD
City-St-Zip: JACKSONVILLE, FL 32256 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNNE HARRIS P 03/14/2007