2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# 403000

Entity Name: MONTESSORI CHILDREN'S HOUSE OF MIAMI LAKES, INC

Current Principal Place of Business:

6381 MIAMI LAKE WAY NORTH
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

659 SW 167 WAY
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 59-1409152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THIBODEAU, CHARLENE A
659 SW 167 WAY
PEMBROKE PINES, FL 33027 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

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: THIBODEAU, PAUL E.,
Address: 659 SW 167 WAY
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VP ( ) Delete
Name: THIBODEAU, CHARLENE, A
Address: 659 S.W. 167 WAY
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D ( ) Delete
Name: PELLINE, PAUL E
Address: 659 SW 167 WAY
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D ( ) Delete
Name: PELLINI, KIMBERLY
Address: 659 SW 167 WAY
City-St-Zip: PEMBROKE PINES, FL 33027

Title: T ( ) Delete
Name: RAMIREZ, JEANINE B
Address: 1367 NW 155 LANE
City-St-Zip: PEMBROKE PINES, FL 33028

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:

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

SIGNATURE: CHARLENE A. THIBODEAU VP 01/16/2009

Electronic Signature of Signing Officer or Director — Date