2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2006
Secretary of State

DOCUMENT# 721587

Entity Name: STONESOUP SCHOOL, INC.

Current Principal Place of Business:

110 DIAMOND LAKE DR
CRESCENT CITY, FL 32112

New Principal Place of Business:

Current Mailing Address:

PO BOX 931
CRESCENT CITY, FL 32112

New Mailing Address:

FEI Number: 59-1377321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRAUB, CARRIE L
110 DIAMOND LAKE DR
CRESCENT CITY, FL 32112 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:	ARANDA, MICHAEL	
Address:	4227 NORTHLAKE BLVD	
City-St-Zip:	PALM BEACH GARDENS, FL 33403	
Title:	D	( ) Delete
Name:	DERITA, TOM	
Address:	777 SOUTH FLAGLER DRIVE: SUITE 300	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	D	( ) Delete
Name:	SHAHEEN, WILLIAM	
Address:	3351 NW BOCA RATON BLVD.	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	D	( ) Delete
Name:	VANHORN, BARBARA	
Address:	7225 GULLOTTI PLACE	
City-St-Zip:	PORT ST. LUCIE, FL 34952	
Title:	O	( ) Delete
Name:	JACOB, MARK J	
Address:	110 DIAMOND LAKE DRIVE	
City-St-Zip:	CRESCENT CITY, FL 32112	
Title:	O	( ) Delete
Name:	STRAUB, CARRIE L	
Address:	110 DIAMOND LAKE DRIVE	
City-St-Zip:	CRESCENT CITY, FL 32112	

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 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: CARRIE STRAUB O 01/03/2006

Electronic Signature of Signing Officer or Director — Date