2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#763899

FILED Jan 03, 2006 Secretary of State

Entity Name: THE MONTESSORI LEARNING CENTER OF FORT WALTON BEACH, INC.

Current Principal Place of Business: New Principal Place of Business:

204 HOSPITAL DRIVE

FT. WALTON BEACH, FL 32548

Current Mailing Address: New Mailing Address:

204 HOSPITAL DRIVE

FT. WALTON BEACH, FL 32548

FEI Number: 59-2210929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEIGHTMAN, DANA 310 UNION STREET

FORT WALTON BEACH, FL 32547 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 BISORDI, SABRINA
 Name:
 HOLAHAN, JENNIFER

 Name
 Institute
 Ins

Title: VPD () Delete Title: VPD (X) Change () Addition

Name:BETHEA, TRACEYName:LEGG, JENNIFERAddress:602 MOONEY ROADAddress:82 LAURIE DRIVE NE

City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD () Delete Title: () Change () Addition

 Name:
 WEIGHTMAN, DANA
 Name:

 Address:
 310 UNION STREET
 Address:

 City-St-Zip:
 FORT WALTON BEACH, FL 32547
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 BALENT, ANGELA
 Name:

 Address:
 28 COUNTRY CLUB ROAD
 Address:

 City-St-Zip:
 SHALIMAR, FL 32579
 City-St-Zip:

Name: DRAKE, PATTI Name: NGUYEN, ANN

Address: 246 SHARON COURT Address: 169 ELDREDGE ROAD
City-St-Zip: MARY ESTHER, FL 32569 City-St-Zip: FORT WALTON BEACH, FL 32547

Only-of-zip. Which Edition, i.e. 92999

Title: D () Delete Title: D (X) Change () Addition Name: RIGBY, EMILY Name: RIGBY, EMILY

Address: 44 BERWICK CIRCLE Address: 289 BRIARWOOD CIRCLE
City-St-Zip: SHALIMAR, FL 32579 City-St-Zip: FORT WALTON BEACH, FL 32547

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: DANA L. WEIGHTMAN TD 01/03/2006