2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004464

Entity Name: PROGRESSIVE SCHOOLS, INC.

FILED Jan 12, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 742 ARAGON AVE NE PALM BAY, FL 32905 **Current Mailing Address: New Mailing Address:** 742 ARAGON AVE NE PALM BAY, FL 32905 FEI Number: 59-3634988 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PALMIERI, TONY 742 ARAGON AVE NE PALM BAY, FL 32905 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: () Change () Addition () Delete PALMIERI, TONY Name: Name: Address: 742 ARAGON AVE NE Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: Title: () Delete Title: () Change () Addition Name: VASUDEVAN, VASUMATHI Name: Address: 738 CORONA AVE NW Address: City-St-Zip: PALM BAY, FL 32907 City-St-Zip: Title: () Delete Title: () Change () Addition CYR, APRIL Name: Name: 999 HOSBINE ST SE Address: Address: City-St-Zip: PALM BAY, FL 32909 City-St-Zip: Title: () Delete Title: () Change () Addition Name: NICKERSON, SCOTT Name: Address: 651 ACACIA AVE Address: City-St-Zip: MELBOURNE VILLAGE, FL 32904 City-St-Zip: Title: () Delete Title: () Change () Addition DHARMAPREMANANDA AVT, ACARYA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: TONY PALMIERI PRES 01/12/2004

3157 COUNTY RD 1670

WILLOW SPRINGS, MO 65793

Address:

City-St-Zip: