

FILED
Aug 23, 2007 8:00 am
Secretary of State

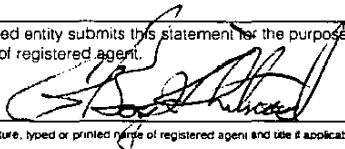
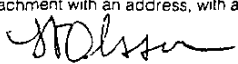
08-07-2007 90029 020 ****70.00

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

66021295



07062007 Chg-NP CR2E037 (12/06)

DOCUMENT # N00000006341			
1. Entity Name THE CAMBRIDGE SCHOOL, INC.			
Principal Place of Business 6101 N HABANA AVE TAMPA, FL 33614		Mailing Address 6101 N HABANA AVE TAMPA, FL 33614	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3698938		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHIPPLE, RON MR. 6101 N HABANA AVE TAMPA, FL 33614		7. Name and Address of New Registered Agent Name Mr. G. Boyd Chitwood Street Address (P.O. Box Number is Not Acceptable) 6101 N. Habana Ave. City Tampa FL Zip Code 33614	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 7/6/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAERWALDE, ROB MR 6101 N. HABANA AVENUE TAMPA, FL 33614 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUE, JOSEPH MR 6101 N. HABANA AVENUE TAMPA, FL 33614 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mr. Steve Grove 6101 N Habana Ave. Tampa, FL 33614 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, LOU DR 6101 N. HABANA AVENUE TAMPA, FL 33614 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mr. Jeremy Enns 6101 N. Habana Ave. Tampa, FL 33614 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBB, MICHAEL MR 6101 N. HABANA AVENUE TAMPA, FL 33614 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mr. David Parsley 6101 N. Habana Ave. Tampa, FL 33614 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAROLF, WANDA MRS 6101 N HABANA AVE TAMPA, FL 33614 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELMS, MELISSA MRS 6101 N HABANA AVE TAMPA, FL 33614 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Mrs. Lynne A. Olsson 6101 N. Habana Ave. Tampa, FL 33614 ☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Lynne A. Olsson		Date 7/6/07 Daytime Phone # (813) 872-6744	