2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003344

Entity Name: WALDORF INTERNATIONAL SCHOOL, INC.

FILED Jul 15, 2004 Secretary of State

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

17700 OLD CUTLER ROAD MIAMI, FL 33157

Current Mailing Address: New Mailing Address:

17700 OLD CUTLER ROAD MIAMI, FL 33157

FEI Number: 65-1037437 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:

 LEE, DARLA
 17700 OLD CUTLER RD
 T665 SW 102 PLACE

 MIAMI, FL 33157
 MIAMI, FL 33157

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: DARLA LEE 07/15/2004

Electronic Signature of Registered Agent Date

City-St-Zip:

MIAMI, FL 33157

OFFICERS AND DIRECTORS:

MIAMI, FL 33143

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 CUMMING, YVONNE
 Name:
 CUMMING, YVONNE

 Address:
 8287 SUNSET DRIVE
 Address:
 17700 OLD CUTLER ROAD

City-St-Zip: MIAMI, FL 33143 Address: 17700 OLD COTLER ROAL

Title: VSD () Delete Title: VSD (X) Change () Addition Name: CUMMING, D. RICHARD Name: CUMMING, D. RICHARD Address: 8287 SUNSET DRIVE Address: 17700 OLD CUTLER ROAD

Title: TD () Delete Title: TD (X) Change () Addition Name: RODRIGUEZ, SYLKVANA Name: RODRIGUEZ, SYLVANA

 Name:
 Nobition 22, 31 ENAM

 Address:
 17700 OLD CUTLER RD
 Address:
 17700 OLD CUTLER RD

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip: MIAMI, FL 33157

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.

SIGNATURE: YVONNE CUMMING PD 07/15/2004