2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N01000004518

Entity Name: THE NAVIGATOR SCHOOL, INC.

Current Principal Place of Business:

607 CELEBRATION AVENUE
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

607 CELEBRATION AVENUE
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 59-3734481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NEILSON, ALTHA
607 CELEBRATION AVE
CELEBRATION, FL 34747 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: DP ( ) Delete
Name: NEILSON, ALTHA M DR.
Address: 607 CELEBRATION AVE.
City-St-Zip: CELEBRATION, FL 34747

Title: DVPS ( ) Delete
Name: LOISELLE, TAMARA L
Address: 607 CELEBRATION AVE.
City-St-Zip: CELEBRATION, FL 34747

Title: DVPT ( ) Delete
Name: NEILSON, KENT R
Address: 607 CELEBRATION AVE
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change ( ) Addition
Name: NEILSON, ALTHA M DR.
Address: 607 CELEBRATION AVE.
City-St-Zip: CELEBRATION, FL 34747

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DPT (X) Change ( ) Addition
Name: NEILSON, KENT R
Address: 607 CELEBRATION AVE
City-St-Zip: CELEBRATION, FL 34747

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: KENT NEILSON P 05/01/2006

Electronic Signature of Signing Officer or Director — Date