2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005055

FILED May 01, 2006 Secretary of State

Entity Name: COUNTRYSIDE MONTESSORI CHARTER SCHOOL, INC.

Current Principal Place of Business: New Principal Place of Business: 5852 EHREN CUT-OFF LAND O'LAKES, FL 34639 **Current Mailing Address: New Mailing Address:** 5852 EHREN CUT-OFF LAND O'LAKES, FL 34639 FEI Number: 61-1418600 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: Name and Address of New Registered Agent: PULLARO, NICK 320 W. BEARRS AVENUE TAMPA, FL 33613 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: (X) Change () Addition () Delete MANTEI, KAREN FERRARO, MICHELLE Name: Name: 21404 CARSON ROAD Address: 5332 NUTCRACKER CIRCLE Address: City-St-Zip: LAND O'LAKES, FL 34639 City-St-Zip: LAND O'LAKES, FL 34639 Title: Title: (X) Change () Addition () Delete Name: RIVERS, MARY Name: NEUMAN, KIMBERLY Address: 21404 CARSON ROAD Address: 5924 ROTELLA DRIVE City-St-Zip: LAND O'LAKES, FL 34639 City-St-Zip: WESLEY CHAPEL, FL 33544 Title: () Delete Title: (X) Change () Addition PULLARO, NICK PULLARO, NICK Name: Name: 320 W. BEARRS AVE. 320 W. BEARSS AVE. Address: Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: TAMPA, FL 33613 Title: () Delete Title: () Change () Addition GOIRAN, BARBARA Name: Name: Address: Address: 5852 EHREN CUT-OFF City-St-Zip: City-St-Zip: LAND O'LAKES, FL 34639 Title: () Delete Title: (X) Change () Addition MANN, SCOTT MANN, SCOTT Name: Name: 703 CARLSPLATZ COURT 3402 RUSSETT PLACE Address: Address: LUTZ, FL 33548 City-St-Zip: City-St-Zip: LAND O LAKES, FL 34638

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: NICK PULLARO D 05/01/2006