2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008598

FILED May 01, 2006 Secretary of State

Entity Name: THE MONTESSORI CHILDREN'S HOUSE OF HYDE PARK SCHOLARSHIP FUND, INC.

Current Principal Place of Business: New Principal Place of Business: 201 SOUTH ARMENIA AVENUE 2416 WEST CLEVELAND AVENUE TAMPA, FL 33606 TAMPA, FL 33609 **Current Mailing Address: New Mailing Address:** 201 SOUTH ARMENIA AVENUE 2416 WEST CLEVELAND AVENUE TAMPA, FL 33606 TAMPA, FL 33609 FEI Number: 42-1561376 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: COOK, WILLIAM J ESQ COOK, WILLIAM J ESQ BARKER, RODEMS & COOK, P.A. 400 NORTH ASHLEY DRIVE, SUITE 2100 BARKER, RODEMS & COOK, P.A 300 WEST PLATT STREET STE 150 TAMPA, FL 33602 US TAMPA, FL 33606 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: 05/01/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition COOK, WILLIAM J BIGLETE, ARNELL J Name: Name: 300 WEST PLATT STREET STE 150 Address: 1001 EAST PALM AVENUE Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33605 US Title: () Delete Title: (X) Change () Addition Name: BEGLETE, ARNELL Name: FERNANDEZ, JOEL M.D. Address: 1001 EAST PALM AVENUE Address: 509 SOUTH ARMENIA AVENUE City-St-Zip: TAMPA, FL 33605 City-St-Zip: TAMPA, FL 33609 US Title: () Delete Title: () Change (X) Addition Name: CAVO, CYNTHIA Name: 3719 N. 17TH STREET Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33610 US Title: () Delete Title: () Change (X) Addition Name: Name: WHITING, DANA 3302 S. SAN MIGUEL STREET Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33629 US

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: ARNELL J.P. BIGLETE D 05/01/2006