2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009886

FILED Jun 29, 2005 Secretary of State

Entity Name: COMMUNITY ALLIANCE FOR EDUCATION, INC.

urrent P	Principal Place of Business:	New Principal Place of Business:
	NTANA STREET O, FL 32803	
urrent M	Mailing Address:	New Mailing Address:
	NTANA STREET O, FL 32803	
	r: 20-0044660 FEI Number Applied For (nce with s. 607.193(2)(b), F.S., the corporation	did not receive the prior notice.
ame and	d Address of Current Registered Age	nt: Name and Address of New Registered Agent:
	NTANA STREET O, FL 32803 US	
		r the purpose of changing its registered office or registered agent, or both
the Stat	e of Florida.	r the purpose of changing its registered office or registered agent, or both
the Stat	e of Florida.	
the Stat	e of Florida. ** RE:	r the purpose of changing its registered office or registered agent, or both ed Agent ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
the State GNATU FFICER le: ume: dress:	e of Florida. RE: Electronic Signature of Registere	ed Agent Date
the State IGNATU FFICER ttle: ame: ddress: tty-St-Zip: ttle: ame: ddress:	e of Florida. RE: Electronic Signature of Registere S AND DIRECTORS: PD () Delete BAZZI, RAY 1013 MONTANA STREET	ed Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: () Change () Addition Name: Address:
the Stat	e of Florida. RE: Electronic Signature of Registere S AND DIRECTORS: PD () Delete BAZZI, RAY 1013 MONTANA STREET ORLANDO, FL 32803 SD () Delete KING, EMILY 1013 MONTANA STREET	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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: MARILYN SIMMONS TD 06/29/2005