2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003731

Entity Name: COLLIER MONTESSORI SCHOOL, INC.

FILED Jul 07, 2006 Secretary of State

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

10904 WINTERVIEW DR NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

10904 WINTERVIEW DR NAPLES, FL 34109

FEI Number: 59-2427239 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:

MARSHALL, ROY C 10904 WINTERVIEW DR NAPLES, FL 34109

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

O'REILLY, LISA G THORPE, KELLY S Name: Name: 601 KETCH DR Address: 9590 VICTORIA LN. #B301 Address: City-St-Zip: NAPLES, FL 33940 City-St-Zip: NAPLES, FL 34109 52

Title: Title: (X) Change () Addition () Delete Name: RAVENEL, JULIE Name: HUNT, KIMBERLY K

Address: 5280 10TH AVE SW Address: 13872 PINE VILLA LN. City-St-Zip: NAPLES, FL 34109 City-St-Zip: FT MYERS, FL 34119 88

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

PEEL, KELLY Name: MARSHALL, ROY Name: 4852 SHEARWATER LN. Address: 9099 THE LANE Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34119

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

Name: MARSHALL, ROY Name: 4852 SHOARWATER LN Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip:

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

VITIELLO, GEORGIA Name: Name: 229 MADISON DRIVE Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip:

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: ROY C MARSHALL D 07/07/2006