2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006
Secretary of State

DOCUMENT# N03000007644

Entity Name: MIAMI COMMUNITY CHARTER SCHOOL, INC.

Current Principal Place of Business:

154 NW MAGNOLIA LAKES BLVD.
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 881237
PORT ST. LUCIE, FL 34988

New Mailing Address:

FEI Number: 20-0254954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOTZ, MARK H PRES
154 NW MAGNOLIA LAKES BLVD.
PORT ST. LUCIE, FL 34986 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: PD ( ) Delete
Name: GOTZ, MARK H
Address: 154 NW MAGNOLIA LAKES BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VD ( ) Delete
Name: HACKETT, PAM
Address: 8949 NW 9TH PLACE
City-St-Zip: PLANTATION, FL 33324

Title: SD ( ) Delete
Name: ANDREWS, WILLIAM F
Address: 4721 NW 27TH AVE.
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SPITARELI, RUBEN
Address: 101 SW REDLAND RD.
City-St-Zip: FLORIDA CITY, FL 33034

Title: VP (X) Change ( ) Addition
Name: ATILUS, ROSITA
Address: 101 SW REDLAND RD.
City-St-Zip: FLORIDA CITY, FL 33034

Title: S (X) Change ( ) Addition
Name: DIAZ, MICHELLE
Address: 101 SW REDLAND RD.
City-St-Zip: FLORIDA CITY, FL 33034

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: MICHELLE DIAZ S 03/02/2006

Electronic Signature of Signing Officer or Director — Date