2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N03000008674

Entity Name: MONTESSORI ACADEMY PTO, INC.

Current Principal Place of Business:

19620 PINES BLVD.
SUITE 115
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

19620 PINES BLVD.
SUITE 115
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 20-0665020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEIERTAG, FLOYD
19620 PINES BLVD.
SUITE 115
PEMBROKE PINES, FL 33029 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:	P	( ) Delete
Name:	FEIERTAG, CAMILA	
Address:	19620 PINES BLVD. #115	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	V	( ) Delete
Name:	RUIZ, JULIANA	
Address:	19620 PINES BLVD. #115	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	VD	( ) Delete
Name:	MAXWELL, CHRISTIAN	
Address:	19620 PINES BLVD. #115	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	S	( ) Delete
Name:	WALSH, CHRISTINE	
Address:	19620 PINES BLVD. #115	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	T	( ) Delete
Name:	FEIERTAG, FLOYD	
Address:	19620 PINES BLVD. #115	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	D	( ) Delete
Name:	CALDERIN, DAMARIS	
Address:	19620 PINES BLVD. #115	
City-St-Zip:	PEMBROKE PINES, FL 33029	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	MAXWELL, CHRISTINA	
Address:	19620 PINES BLVD. #115	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: FLOYD FEIERTAG T 04/29/2008

Electronic Signature of Signing Officer or Director — Date