2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008
Secretary of State

DOCUMENT# N03000008971

Entity Name: PASSPORT SCHOOL PTO, INC.

Current Principal Place of Business:

5221 CURRY FORD ROAD
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

5221 CURRY FORD ROAD
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 80-0074974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, OSVALDO
5221 CURRY FORD ROAD
ORLANDO, FL 32812 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:	FOLEY, BETH
Address:	5221 CURRY FORD ROAD
City-St-Zip:	ORLANDO, FL 32812
Title:	VD ( ) Delete
Name:	BROWN, JULIE
Address:	5221 CURRY FORD ROAD
City-St-Zip:	ORLANDO, FL 32812
Title:	TD ( ) Delete
Name:	DAVIDSON, AUDREY
Address:	5221 CURRY FORD ROAD
City-St-Zip:	ORLANDO, FL 32812
Title:	SD ( ) Delete
Name:	KOZY, CHELLE
Address:	5221 CURRY FORD ROAD
City-St-Zip:	ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD (X) Change ( ) Addition
Name:	SQUIRE, MELISSA
Address:	5221 CURRY FORD ROAD
City-St-Zip:	ORLANDO, FL 32812
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: AUDREY DAVIDSON TD 02/28/2008
Electronic Signature of Signing Officer or Director Date