2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005
Secretary of State

DOCUMENT# N04000003140

Entity Name: THE MONTESSORI ACADEMIES OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

P.O. BOX 31511
PALM BEACH GARDENS, FL 33420

New Principal Place of Business:

P.O. BOX 31511
PALM BEACH GARDENS, FL 334201511 US

Current Mailing Address:

P.O. BOX 31511
PALM BEACH GARDENS, FL 33420

New Mailing Address:

P.O. BOX 31511
PALM BEACH GARDENS, FL 334201511 US

FEI Number: 13-4275774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORR, JOSEPH A
701 SEAFARER CIRCLE
APT. NO. 502
JUPITER, FL 334779037 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: ORR, JOSEPH A
Address: 701 SEAFARER CIRCLE, APT. NO 502
City-St-Zip: JUPITER, FL 33477

Title: S ( ) Delete
Name: MCQUINN, BARBARA
Address: 9221 S.E. COVE POINT
City-St-Zip: TEQUESTA, FL 33469

Title: D ( ) Delete
Name: IRWIN, JOSEPH
Address: 1114 ELEVENTH LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ORR, JOSEPH A
Address: 701 SEAFARER CIRCLE, APT. NO 502
City-St-Zip: JUPITER, FL 334779037

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 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: JOSEPH A. ORR P 03/18/2005

Electronic Signature of Signing Officer or Director — Date