2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003140

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

Current Principal Place of Business:	**New Principal Place of Business:**
P.O. BOX 31511 PALM BEACH GARDENS, FL 334201511 US	P.O. BOX 31847 PALM BEACH GARDENS, FL 334201847 US

Current Mailing Address:	**New Mailing Address:**
P.O. BOX 31511 PALM BEACH GARDENS, FL 334201511 US	P.O. BOX 31847 PALM BEACH GARDENS, FL 334201847 US

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

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
ORR, JOSEPH A 701 SEAFARER CIRCLE APT. NO. 502 JUPITER, FL 334779037 US	

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: ## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: P ( ) Delete 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: S ( ) Delete Name: MCQUINN, BARBARA Address: 9221 S.E. COVE POINT City-St-Zip: TEQUESTA, FL 33469	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: D ( ) Delete Name: IRWIN, JOSEPH Address: 1114 ELEVENTH LANE City-St-Zip: PALM BEACH GARDENS, FL 33418	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 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: JOSEPH A. ORR   P   02/20/2006

Electronic Signature of Signing Officer or Director   Date