2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001751

MESSIR, MARISOL

DORAL, FL 33178

6944 NW 113 PL

Name:

Address:

City-St-Zip:

FILED Apr 25, 2006 Secretary of State

Entity Name: INTELLIBEE SCHOOL, INC. **Current Principal Place of Business: New Principal Place of Business:** 1940 BAY DRIVE STE 11 MIAMI BCH, FL 33141 **Current Mailing Address: New Mailing Address:** 1940 BAY DRIVE STE 11 MIAMI BCH, FL 33141 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ELIAS, ARMANDO 1940 BAY DRIVE STE 11 MIAMI BCH, FL 33141 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: () Delete () Change () Addition ELIAS, ARMANDO Name: Name: Address: 1940 BAY DRIVE STE 11 Address: City-St-Zip: MIAMI BCH, FL 33141 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: WEISS, MARIANNE Name: WEISS, SHIRLY Address: 1940 BAY DRIVE STE 5 Address: 1940 BAY DRIVE STE 23 City-St-Zip: MIAMI BCH, FL 33141 City-St-Zip: MIAMI BCH, FL 33141 Title: () Delete Title: () Change () Addition ELIAS, LILIAN Name: Name: Address: 1940 BAY DRIVE STE 11 Address: City-St-Zip: MIAMI BCH, FL 33141 City-St-Zip: Title: () Delete Title: () Change () Addition SANCHEZ, CECILIA Name: Name: 10744 SW 88 ST Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ARMANDO ELIAS P 04/25/2006