2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001342

Entity Name: ISLAND MONTESSORI ACADEMY INC.

FILED Jan 11, 2007 Secretary of State

Littly Na	IIIE. ISLANDI	WONTESSORI ACADEWIT, IN	J.		
Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:	
	OLLIER BLVD SLAND, FL 34				
Current N	lailing Addres	ss:	New Mail	New Mailing Address:	
P.O. BOX MARCO IS	224 SLAND, FL 34	146			
FEI Number: 20-4279339 FEI Number Applied For ()			FEI Number Not App	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
	., JAMIE B DLLIER BLVD. SLAND, FL 34	145 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing	its registered office or registered agent, or both,	
SIGNATUI					
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D (BALDWIN, LIS 316 3RD AVE MARCO ISLAN		Title: Name: Address: City-St-Zip:	P (X) Change () Addition BALDWIN, LISA N PO BOX 224 MARCO ISLAND, FL 34146	
Title: Name: Address: City-St-Zip:	D (NGUYEN, PET P.O. BOX 2275 MARCO ISLAN	5	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition NGUYEN, PETER P.O. BOX 2275 MARCO ISLAND, FL 34146	
Title: Name: Address: City-St-Zip:	D (GREUSEL, JAI 1104 N COLLII MARCO ISLAN	ER BLVD.	Title: Name: Address: City-St-Zip:	AVP (X) Change () Addition GREUSEL, JAMIE B 1104 N COLLIER BLVD. MARCO ISLAND, FL 34145	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	AVP () Change (X) Addition WIDES, TOM 1181 MIMOSA COURT MARCO ISLAND, FL 34145	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	AVP () Change (X) Addition BALDWIN, PATRICK A 316 3RD AVENUE MARCO ISLAND, FL 34145	

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: LISA NGUYEN BALDWIN P 01/11/2007