## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000001701

FILED Apr 21, 2008 Secretary of State

| Entity Nai                                    | me: CHARTE  | ER SCHOOL OF ARTS AN        | D SCIENCES K-5, INC.                        |   |  |  |
|---|---|-----------------------------|---|---|--|--|
| Current Principal Place of Business:          |   |                             | New Principal Place                         | of Business:                              |  |  |
|   | REENTREE DI<br>I BEACH, FL                                    |                             |   |   |  |  |
| Current Mailing Address:                      |   |                             | New Mailing Addres                          | New Mailing Address:                      |  |  |
|   | REENTREE DI<br>NBEACH, FL                                     |                             |   |   |  |  |
| FEI Number:                                   | :   | FEI Number Applied For (X   | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )         |  |  |
| Name and Address of Current Registered Agent: |   |                             | : Name and Address                          | Name and Address of New Registered Agent: |  |  |
| 4746 B GR<br>BOYNTON<br>The above             | IICHAEL DR. REENTREE DI N BEACH, FL  named entity of Florida. | 33436 US                    | the purpose of changing its registere       | ed office or registered agent, or both,   |  |  |
| SIGNATUF                                      |   |                             |   |   |  |  |
|   |   | nic Signature of Registered | Agent                                       | Date                                      |  |  |
| OFFICER                                       | S AND DIREC   | CTORS:                      | ADDITIONS/CHANG                             | ES TO OFFICERS AND DIRECTORS:             |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VITALE, MICHA<br>4746 B GREEN                                 |                             | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                     |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | ROMANCE, NA<br>916 SW 35 CC                                   |                             | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                     |  |  |
| Title:<br>Name:                               | D (   |                             | Title:                                      |   |  |  |

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: MICHAEL R VITALE PRES 04/21/2008