


FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90048 028 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N07000006944					
1. Entity Name WESTPORT PRIVATE SCHOOL, INC.					
Principal Place of Business 2549 SW IMPORT DRIVE PORT SAINT LUCIE, FL 34987 US			Mailing Address 2549 SW IMPORT DRIVE PORT SAINT LUCIE, FL 34987 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04112008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 42-1733997	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TRUDEAU, COLLETTE B 2549 SW IMPORT DRIVE PORT SAINT LUCIE, FL 34987			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRUDEAU, COLLETTE B 2549 SW IMPORT DRIVE PORT SAINT LUCIE, FL 34987	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Trudeau, Collette B 2549 SW Import Drive Port SAINT LUCIE, FL 34987	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRUDEAU, GARY B JR 2549 SW IMPORT DRIVE PORT SAINT LUCIE, FL 34987	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Trudeau, Gary B Jr 2549 SW Import Drive Port Saint Lucie, FL 34987	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEVAN, CYRIL 2589 SW IMPORT DRIVE PORT SAINT LUCIE, FL 35987	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SID Bevan, Cyril 2589 SW Import Drive Port SAINT LUCIE, FL 34987	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Collette B Trudeau Date: 4-11-08 (772) 336-2155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR