2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2011
Secretary of State

DOCUMENT# N09000000928

Entity Name: CHILDREN'S HOUSE ACADEMIC MONTESSORI PROGRAM INC.

Current Principal Place of Business:

2010 STATE ROAD 40
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

2010 STATE ROAD 40
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 90-0449628 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARPER, JULIE
910 OLD MILL RUN
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

K. REID, CPA, INC.
3890 TURTLE CREEK DRIVE, STE B
PORT ORANGE, FL 32127 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: PAUL MONIZ 04/06/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: BAKER, MARK
Address: 327 GROOVER CREEK CROSSING
City-St-Zip: ORMOND BEACH, FL 32174

Title: V
Name: MINENNA, ANDY
Address: 14 CLYDESDALE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: T
Name: DUNN, FRAN
Address: 935 WILLOW RUN
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: MARK BAKER PRES 04/06/2011
Electronic Signature of Signing Officer or Director Date