2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 08:00 AN Secretary of State **DOCUMENT # N42087** 1. Entity Name POINCIANA DAY SCHOOL, INC. Principal Place of Business Mailing Address 1340 KENWOOD RD 1340 KENWOOD RD WEST PALM BEACH, FL 33401 US WEST PALM BEACH, FL 33401 CR2E037 (4/06) 04212008 No Cha-NP DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0261683 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HEISLER, SHIRLEY DO NOT WRITE 1340 KENWOOD RD WEST PALM BEACH, FL 33401 IN THIS SPACE 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 eigneture required when reinstating) Signature, typed or printed name of registered agent and title # applicable 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Due by May 1, 2008 Added to Fees U000000927311 10. OFFICERS AND DIRECTORS 05/20/08-80101#018%61.25 TITI F TD NAME HEISLER, SHIRLEY STREET ADDRESS 821 OMAR ROAD CATY-ST-7/P WEST PALM BEACH, FL TITLE PD NAME BROOME, WILLIAM STREET ADDRESS 173 MILESTONE WAY CITY-ST-ZIP WEST PALM BEACH, FL 33415 TITLE SD NAME ENGLEHARDT, JOANN STREET ADDRESS 205 BEACHWAY DR. DO NOT WRITE CITY-ST-ZIP OCEAN RIDGE, FL 33435 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP ATLE NAME STREET ANORESS CETY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

Shirley Heisle

4/23/08

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FILED

Daytime Phone #