

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000004167					
1. Entity Name THE ELLES SCHOOL, INC.					
Principal Place of Business 1325 NORTH A STREET LAKE WORTH FL 33460 US			Mailing Address 1325 NORTH A STREET LAKE WORTH FL 33460 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0777849	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAMAYO, DENISE 624 N. LAKESIDE DR. LAKE WORTH FL 33460			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			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 <i>Denise E. Tamayo</i> Director <small>Signature, typed or printed name of registered agent and title, if applicable</small>				3-8-06 <small>DATE</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 PD	NAME TAMAYO, DENISE		TITLE	NAME	
STREET ADDRESS 624 N. LAKESIDE DRIVE	CITY-ST-ZIP LAKE WORTH FL 33460		STREET ADDRESS	CITY-ST-ZIP	
TITLE SD	NAME KING, DAVID		TITLE	NAME	
STREET ADDRESS 119 SEVILLE ROAD	CITY-ST-ZIP WEST PALM BEACH FL 33405		STREET ADDRESS	CITY-ST-ZIP	
TITLE VSD	NAME KLEIN, JAYNE		TITLE	NAME	
STREET ADDRESS 13027 SW 41ST ST.	CITY-ST-ZIP FORT LAUDERDALE FL 33330		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Denise E. Tamayo* **Director** 3/8/06 (561) 588-1954