2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# N98000004977

Entity Name: MIAMI LAKES MONTESSORI CHRISTIAN CENTER, INC.

Current Principal Place of Business:

15650 MIAMI LAKEWAY N
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

659 SW 167 WAY
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 65-0860212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THIBODEAU, CHARLENE A
659 S.W. 167TH WAY
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	ALLEN, CLARA	
Address:	1463 SW 158TH AVE	
City-St-Zip:	PEMBROKE PINES, FL 33027	
Title:	P	( ) Delete
Name:	THIBODEAU, PAUL E PASTOR	
Address:	659 S.W. 167TH WAY	
City-St-Zip:	PEMBROKE PINES, FL 33027	
Title:	VP	( ) Delete
Name:	THIBODEAU, CHARLENE A	
Address:	659 S.W. 167TH WAY	
City-St-Zip:	PEMBROKE PINES, FL 33027	
Title:	T	( ) Delete
Name:	RAMIREZ, JEANINE	
Address:	1367 NW 155 LANE	
City-St-Zip:	PEMBROKE PINES, FL 33028	
Title:	D	( ) Delete
Name:	PELLINI, KIMBERLY	
Address:	6381 MIAMI LAKEWAY N	
City-St-Zip:	MIAMI LAKES, FL 33014	
Title:	D	( ) Delete
Name:	PELLINI, PAUL	
Address:	6381 MIAMI LAKEWAY N	
City-St-Zip:	MIAMI LAKES, FL 33014	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL E THIBODEAU P 04/13/2005
Electronic Signature of Signing Officer or Director — Date