2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007375

Entity Name: EINSTEIN MONTESSORI SCHOOL, INC.

FILED Jan 12, 2004 Secretary of State

Current Pr	incipal Place o	of Business:	New Princ	New Principal Place of Business:	
	ARCHER ROAD LLE, FL 32608) US			
Current Mailing Address:			New Maili	New Mailing Address:	
5930 S W ARCHER ROAD GAINESVILLE, FL 32608 US					
FEI Number:	59-3552344	FEI Number Applied For () FEI	Number Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name				Address of New Registered Agent:	
OSBRACH 709 NW 39 GAINESVIL		US			
The above in the State		bmits this statement for the purpos	se of changing it	ts registered office or registered agent, or both,	
SIGNATURE:					
Electronic Signature of Registered Agent				Date	
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () DOSBRACH, ALLE 709 NW 39 ROAI GAINESVILLE, FI)	Title: Name: Address: City-St-Zip:	DP (X) Change () Addition OSBRACH, ALLEN Z 5650 HWY 220 COCOA, FL 32926	
Title: Name: Address: City-St-Zip:	D () E CONWAY, TIMOT 4602 SW 45 LAN GAINESVILLE, FI	E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () DRAKE, NEIL 3746 SW 2 PL GAINESVILLE, F	Delete L 32607	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () DIANA, GREEN 5429 SW 88 CT GAINESVILLE, F	Delete L 32608	Title: Name: Address: City-St-Zip:	DS (X) Change () Addition MCGLONE, KAT 3930 SE 14TH TERR GAINESVILLE, FL 32608	
Title: Name: Address: City-St-Zip:	DT () E LOMBARDINO, L 560 NE 7 AVENI GAINESVILLE, FI	JE .	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	()(Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition ROQUE, RAY 4209 NW 75TH ST GAINESVILLE, FL 32606	

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: ALLEN Z OSBRACH PRES 01/12/2004