2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007375

Entity Name: EINSTEIN MONTESSORI SCHOOL, INC.

FILED Apr 25, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5930 S W ARCHER ROAD GAINESVILLE, FL 32608 US

Current Mailing Address: New Mailing Address:

5930 S W ARCHER ROAD GAINESVILLE, FL 32608 US

FEI Number: 59-3552344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OSBRACH, ALLEN Z
709 NW 39 ROAD
GAINESVILLE, FL 32607 US
OSBRACH, ALLEN Z
1255 FAULKINGHAM ROAD
MERRITT ISLAND, FL 32952 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: 04/25/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ROOUF RAY

4209 NW 75TH ST

GAINESVILLE, FL 32606

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 D (X) Change () Addition

 Name:
 OSBRACH, ALLEN Z
 Name:
 OSBRACH, ALLEN Z

 Address:
 5650 HWY 220
 Address:
 1255 FAULKINGHAM ROAD

 City-St-Zip:
 COCOA, FL 32926
 City-St-Zip:
 MERRITT ISLAND, FL 32952 US

Title: Title: (X) Change () Addition () Delete CONWAY, TIMOTHY Name: CONWAY, TIMOTHY W DR. Name: Address: 4602 SW 45 LANE Address: 1826 SW 81ST TERRACE City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32607 US

Title: DV () Delete Title: T (X) Change () Addition

 Name:
 DRAKE, NEIL
 Name:
 BILAK, SHEILA

 Address:
 3746 SW 2 PL
 Address:
 310 NW 76TH DRIVE

 City-St-Zip:
 GAINESVILLE, FL 32607
 City-St-Zip:
 GAINESVILLE, FL 32607

Title: DS () Delete Title: S (X) Change () Addition

 Name:
 MCGLONE, KAT
 Name:
 MCGLONE, KATHLEEN

 Address:
 3930 SE 14TH TERR
 Address:
 3930 SE 14TH TERRACE

 City-St-Zip:
 GAINESVILLE, FL 32608
 City-St-Zip:
 GAINESVILLE, FL 32608

Title: DT () Delete Title: D (X) Change () Addition Name: LOMBARDINO, LINDA DR.

Address: 560 NE 7 AVENUE Address: 560 NE 7 AVENUE
City-St-Zip: GAINESVILLE, FL 32605

Name: LOMBARDINO, LINDA DR.
Address: 560 NE 7 AVENUE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete Title: VP (X) Change () Addition

Name: ROQUE, REYNALDO DR.
Address: 4209 NW 75TH STREET
City-St-Zip: 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: TIMOTHY W CONWAY P 04/25/2005