2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006
Secretary of State

DOCUMENT# N99000004497

Entity Name: COSTA RICA--LATIN AMERICA SCHOOL SUPPLIES, INC.

Current Principal Place of Business:

876 DUPONT ST NE
PALM BAY, FL 32907

New Principal Place of Business:

Current Mailing Address:

876 DUPONT ST NE
PALM BAY, FL 32907

New Mailing Address:

FEI Number: 59-3587469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK
930 S. HARBOR CITY BLVD., STE 505
MELBOURNE, FL 32901 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:	PCD	( ) Delete
Name:	ABDUL, ROBERT M	
Address:	876 DUPONT ST NE	
City-St-Zip:	PALM BAY, FL 32907	
Title:	STD	( ) Delete
Name:	LERVAAG, ERIC	
Address:	876 DUPONT STREET	
City-St-Zip:	PALM BAY, FL 32907	
Title:	VD	( ) Delete
Name:	SCHULTZ, MICHEAL	
Address:	876 DUPONT STREET	
City-St-Zip:	PALM BAY, FL 32907	
Title:	M	( ) Delete
Name:	CONKLIN, BRADLEY	
Address:	5935 WABASH ROAD	
City-St-Zip:	ORLANDO, FL 32807 US	
Title:	M	(X) Delete
Name:	ABDUL, JOAN	
Address:	10511 SOMMERSET DRIVE	
City-St-Zip:	WESTCHESTER, IL 60154 US	

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:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBERT M ABDUL PCD 05/11/2006

Electronic Signature of Signing Officer or Director — Date