2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2007 8:00 am Secretary of State 05-03-2007 90070 002 ***150.00

Principal Place of Business 1261 B ADCOMPE ROLD 1277 S ORNAIGE BLOSSOMM TRAIL	1. Entity Name MONTESSORI WAYS, INC.						03-03-2007	90070 002	13,	0.00
Suite, Apt. #, etc. Suite, Apt. #, etc. O4282007 Chg.P CR2E034 (12/06)	12601 BALCOMBE ROAD 12477 S ORANGE BLOSSOM				TRAIL	4010	4399			
City & State City & State City & State City & State Applied For Not Applicable Ref 19871 Re	Principal Place of Business - No P.O. Box # 3. Mailing Address									
R4-1619871 Set Applicable Set 75 Not	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04282007	Chg-P	CR2E034 (1	2/06)	
S. Carricate of Status Desired Fee Required	City & State		City & State				871		-	
Name TAYYABA N. VICARUDOM Street Address (P.O. Box Number is Not Acceptable)	Zip	Zip Country Zip		Coun	try	5. Certificate o	f Status Desired			
Street ADDRESS OTHER ADDRESS OTH ST-2P TILE TAY Y AND Number is Not Acceptable) Street ADDRESS STREET ADDRESS OTH ST-2P TILE TAY Y AND Number is Not Acceptable) Street ADDRESS STREET ADDRESS OTH ST-2P TILE TAY Y AND Number is Not Acceptable) Street ADDRESS OTH ST-2P TILE STREET ADDRESS OTH ST-2P TILE T		6. Name and Address of Current	Registered Agent		i	7. Name and A	ddress of New F	Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) 1260 BALCOMISE RD. City ORLANDO FL Zip Code 32837 8. The above named entity submits this statement for the purpose of changing its registered eilice or registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent agent or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent or portidates agent or both, in the State of Portida. I am familiar with and accept the obl	-74 V U 12/32F							4-721/00	(-)	
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 arm familiar with, and accept the obligations of registered agent agent. PLANDON FL Zip Code SIGNATURE SIGN	12477 S ORANGE BLSM TR									
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 registering a septiment of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registering a septiment of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registering a septiment of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registering a septiment of 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 registering a septiment of 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 registering as a septiment of 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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered office or registered office or registered office. ITLE	\$				12601	BAZCO	MBE R			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registering agest. SIGNATURE Signature, typed seasonable of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registering agest. SIGNATURE Signature, typed seasonable of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registering agest. SIGNATURE Signature, typed seasonable of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the both in the State of Florida. I am familiar with, and accept the both in the State of Florida. I am familiar with, and accept the both in the State of Florida. I am familiar with, and accept the special page in the state of Florida. I am familiar with, and accept the special page in the special page in the state of Florida. I am familiar with, and accept the special page in the state of Florida. I am familiar with, and accept the special page in the state of Florida. I am familiar with, and accept the special page in the state of Florida. I am familiar with, and accept the special page in the state of Florida. I am familiar with, and accept the special page in the state of Florida. I am familiar with, and accept the special page in the state of Florida. I am familiar with, and accept the special page in the state of Florida. I am familiar with and accept the state of Florida. I am familiar with and acc		*	City ORL	ANDO		FL Z	ip Code	227		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE VICARUDDIN, NAZNEEN SIREST ADDRESS ORLANDO, FL 32837 Delete ITILE NAME SIREST ADDRESS OITY-ST-2P TILE Delate TILE TILE DELATE TILE DELATE TILE TILE			r the purpose of changing its	registere	ed office or registe	red agent, or both	, in the State of Flo			
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 11.	SIGNATURE.	Signature, typed or originate agency	and title if applicable. (NOT	E: Rogistera	d Agent signature require	d when reinstating)		DATE		
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TITLE	NAME Street address	VICARUDDIN, NAZNEEN 12477 S ORANGE BLOSSOM TE		NAM STRE	E TAY	14ABA N 2477 S	1. VICAD BRAN	RUDDIN	hange	Addition M TRAVE
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under onth; that I am an efficier or disputer.	NAME STREET ADDRESS CITY-ST-ZIP	cartify that the information expelled with		NAM STRE CITY	E EET ADDRESS -ST-ZIP	d in Chantor 110	Florida Statutes			

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 607, 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: 쓰

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