


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90043 049 ***150.00

DOCUMENT # P06000036489 1. Entity Name NEW PATH MONTESSORI SCHOOL, INC.					
Principal Place of Business 2049 HAYFIELD WAY APOPKA, FL 32712			Mailing Address 2049 HAYFIELD WAY APOPKA, FL 32712		
2. Principal Place of Business - No P.O. Box # 301 San Marcos Ave.		3. Mailing Address 301 San Marcos Ave.			
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300			
City & State Sanford, FL		City & State Sanford, FL			
Zip 32771	Country US	Zip 32771	Country US	4. FEI Number 20-4593312	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORO, VIVIAN E 2049 HAYFIELD WAY APOPKA, FL 32712			7. Name and Address of New Registered Agent Name Toro, Vivian E Street Address (P.O. Box Number is Not Acceptable) 301 San Marcos Ave Suite 300 City Sanford FL Zip Code 32771		
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 registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TORO, VIVIAN E <input type="checkbox"/> Delete 2049 HAYFIELD WAY APOPKA, FL 32712		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Toro, Vivian E. 301 San Marcos Ave. Suite 300 Sanford, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD <input type="checkbox"/> Delete PENA, MARIEN A 2049 HAYFIELD WAY APOPKA, FL 32712		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pena, Marien A. 301 San Marcos Ave. Suite 300 Sanford, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 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: <i>Vivian E. Toro</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/5/07 (407)302-3740 <small>Date Daytime Phone #</small>		