2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000056686

City-St-Zip:

NEW PORT RICHEY, FL 34654 US

FILED Mar 29, 2009 Secretary of State

Entity Nam	1e: STEPPING S	TONES SCHOOL, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
19046 BRUCE B DOWNS BLVD #230 TAMPA, FL 33647 US			#1	17633 GUNN HIGHWAY #115 ODESSA, FL 33556 US				
Current Mailing Address:				New Mailing Address:				
19046 BRUCE B DOWNS BLVD #230 TAMPA, FL 33647 US			#1	17633 GUNN HIGHWAY #115 ODESSA, FL 33556 US				
FEI Number:	26-2081151 FI	El Number Applied For()	FEI Number	Not Applicable	e ()	Certificate	e of Status De	sired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
DECUBELLIS, LINDA M 6916 OLD DECUBELLIS COURT NEW PORT RICHEY, FL 34654 US				DECUBELLIS, LINDA C 6916 OLD DECUBELLIS COURT NEW PORT RICHEY, FL 34654 US				
The above in the State		nits this statement for the pu	ırpose of ch	anging its re	gistered	office or re	gistered age	ent, or both,
SIGNATURE: LINDA DECUBELLIS				03/29/2009				
	Electronic S	ignature of Registered Ager	nt			С	Date	
Election Cam	npaign Financing Tru	st Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD () Dele DECUBELLIS, LIND. 6916 OLD DECUBE NEW PORT RICHEY	A M LLIS COURT	Add	e: me: dress: y-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	VP/D () Dele FOLEY, LAUREN M 27804 GROVE POIN WESLEY CHAPEL,	IT COURT	Add	e: me: dress: y-St-Zip:	(()Change() Addition	
Title: Name: Address:	TD () Dele DECUBELLIS, THOM 6916 OLD DECUBE	MAS		me: DEC	CUBELLIS	(X) Change(S, THOMAS E ECUBELLIS C		

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

NEW PORT RICHEY, FL 34654 US

SIGNATURE: LINDA DECUBELLIS **PRES** 03/29/2009