2007 FOR PROFIT CORPORATION - ANNUAL REPORT

DOCUMENT # P93000047933

1. Entity Name
CHILDREN'S MONTESSORI ACADEMY, INC.

Principal Place of Business	Mailing Address
1300 ARMSTRONG DR TITUSVILLE, FL 32780	1300 ARMSTRONG DR TITUSVILLE, FL 32780

DO NOT WRITE IN THIS SPACE

03092007   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3191910	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CUNNINGHAM, DEBRA JO
1300 ARMSTRONG DRIVE
TITUSVILLE, FL 32780

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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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U000000668513
03/27/07-80035-007   150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	CUNNINGHAM, DEBRA JO
STREET ADDRESS	2495 CHERRYWOOD LANE
CITY-ST-ZIP	TITUSVILLE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: *Debra Cunningham*   DEBRA CUNNINGHAM   3-12-07   321-264-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #