2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000032112

Entity Name: CHILDREN'S MONTESSORI SCHOOL, INC.

FILED Feb 29, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

2960 SOUTH HORSESHOE DR 2535 NORTHBROOKE PLAZA DRIVE NAPLES, FL 34119

#1000

NAPLES, FL 34104

New Mailing Address: Current Mailing Address:

2960 SOUTH HORSESHOE DR 2535 NORTHBROOKE PLAZA DRIVE

#1000 NAPLES, FL 34119 NAPLES, FL 34104

FEI Number: 65-0823739 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAYLOR, TRACY L 6111 HIDDEN OAKS LN NAPLES, FL 34119

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

TAYLOR, TRACY L TAYLOR, TRACY L Name: Name: 6111 HIDDEN OAKS LN 6111 HIDDEN OAKS LN Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119

Title: Title: (X) Change () Addition () Delete

Name: TAYLOR, MATTHEW R Name: TAYLOR, MATTHEW R 6111 HIDDEN OAKS LN 6111 HIDDEN OAKS LN Address: Address: NAPLES, FL 34119 NAPLES, FL 34119 City-St-Zip: City-St-Zip:

() Delete Title: Title: () Change (X) Addition

Name: HEISLER, MELISSA R Name: 2135 MALIBU LAKES CIRCLE Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34119 US

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.

SIGNATURE: TRACY L. TAYLOR PT 02/29/2008