2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000071861

Entity Name: CENTER FOR SCHOOL DEVELOPMENT, INC.

FILED Apr 27, 2005 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

4746 "B" GREENTREE DRIVE 4746

BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436

Current Mailing Address: New Mailing Address:

4746 "B" GREENTREE DRIVE 4746

BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436

FEI Number: 65-0859277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

VITALE, MICHAEL R VITALE, MICHAEL R

4746 "B" GREENTREE DRIVE 4746

BOYNTON BEACH, FL 33436 US BOYNTON BEACH, FL 33436 US

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: 04/27/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PHD () Delete Title: () Change () Addition

Name: VITALE, MICHAEL R Name: Address: 4746 Address:

Address. 4/46 Address.
City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL R. VITALE DR. 04/27/2005