


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000061033

1. Entity Name
MONTESSORI TIDES SCHOOL, INC.



Principal Place of Business
**1550 PENMAN RD.
 JACKSONVILLE BCH, FL 32250**

Mailing Address
**P. O. BOX 330422
 ATLANTIC BCH, FL 32233**

DO NOT WRITE IN THIS SPACE



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3585155

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAHAM, JOHN P
 1054 N. 21ST ST.
 JACKSONVILLE BCH, FL 32250**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name, and address of the individual or corporation (NOTE: Registered Agent's picture required when registering)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GRAHAM, KATHY
STREET ADDRESS	1054 N 21ST STREET
CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	AT
NAME	GRAHAM, JOHN P
STREET ADDRESS	1054 N 21ST STREET
CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 05/23/08-80062-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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, and all other like empowered.

SIGNATURE: *Phil Graham* (PHIL GRAHAM) 4/25/08 904-241-1139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR