


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # J90217
 1. Entity Name
 THE CHILDREN'S CASTLE PRE-SCHOOL, INC.



Principal Place of Business
 4771 NORTHEAST 22ND AVE.
 LIGHTHOUSE POINT, FL 33064

Mailing Address
 4771 NORTHEAST 22ND AVE.
 LIGHTHOUSE POINT, FL 33064



03172006 No Chg-P CR2E034 (11/05)

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4. FEI Number
 59-2842419 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 JOHNSON, PAUL
 4771 NE 22ND AVENUE
 LIGHTHOUSE POINT, FL 33064

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, JOYCE
STREET ADDRESS	4771 NE 22ND AVENUE
CITY-ST-ZIP	LIGHTHOUSE PT., FL
TITLE	STD
NAME	JOHNSON, PAUL
STREET ADDRESS	4771 NE 22ND AVENUE
CITY-ST-ZIP	LIGHTHOUSE PT., FL
TITLE	VPD
NAME	HORNE, WENDY
STREET ADDRESS	4771 NE 22ND AVE
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/30/06-80014-002 150.00

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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: Paul C. Johnson PAUL C. JOHNSON 3/17/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #