FILED
Mar 05, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J90217

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

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

01252007 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/13/07-80090-014 150.00

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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: _____ 3/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #