

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 19, 2007
Secretary of State**

DOCUMENT# N93000003060

Entity Name: CENTRAL FLORIDA PREPARATORY SCHOOL, INC.

Current Principal Place of Business:

1450 CITRUS OAKS AVENUE
GOTHA, FL 34734

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 817
GOTHA, FL 34734

New Mailing Address:

FEI Number: 59-3022217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALPER, HARVEY
112 W. CITRUS STREET
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: FLANDERS, ROWENA
Address: 5378 BROOKLINE DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: PACE, ANTHONY
Address: 376 CYPRESS LANDING DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: BREUNING, ROBERT
Address: 13525 MAGNOLIA PARK COURT
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: STAMPER, BRIAN SR.
Address: 1 EDENTON COURT
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: SIMMONS, ROBERT
Address: 8835 GREAT COVE DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: DURGIN, BERNARD
Address: 7845 SHELLBARK DRIVE
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROWENA FLANDERS

Electronic Signature of Signing Officer or Director

PVST

04/19/2007

Date