


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000005606
 1. Entity Name
 CYPRESS PRESBYTERIAN PRE-SCHOOL, INC.



Principal Place of Business 950 S CYPRESS ROAD POMPANO BEACH, FL 33060	Mailing Address 950 S CYPRESS ROAD POMPANO BEACH, FL 33060
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04092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0795293	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FITZSIMMONS, BARBARA J
 51 SE 11TH STREET
 POMPANO BEACH, FL 33060

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2006

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

U00000530643
 05/06/06-80006-004 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRIEDEMAN, JANICE 237 SW 11TH CT POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S INNES, BARBARA 2161 NE 63RD ST. FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT FITZSIMMONS, BARBARA 51 SE 11 ST. POMPANO BEACH, FL 330608831
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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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 617, 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: Barbara FitzSimmons, BARBARA FITZSIMMONS 4/17/06 954-415-3113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #