


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # J90217 1. Entity Name THE CHILDREN'S CASTLE PRE-SCHOOL, INC.	
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Principal Place of Business 4771 NORTHEAST 22ND AVE. LIGHTHOUSE POINT, FL 33064	Mailing Address 4771 NORTHEAST 22ND AVE. LIGHTHOUSE POINT, FL 33064
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2842419	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 JOHNSON, PAUL 4771 NE 22ND AVENUE LIGHTHOUSE POINT, FL 33064	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOHNSON, JOYCE 4771 NE 22ND AVENUE LIGHTHOUSE PT., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD JOHNSON, PAUL 4771 NE 22ND AVENUE LIGHTHOUSE PT., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HORNE, WENDY 4771 NE 22ND AVE 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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04/09/05-80071-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	4/7/05	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			