


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-05-2006 90157 001 ****61.25

DOCUMENT # N05000002954
1. Entity Name
GAN CHAYA PRESCHOOL, INC.



Principal Place of Business Mailing Address
**3696 FISHER RD
PALM HARBOR FL 34683** **3696 FISHER RD
PALM HARBOR FL 34683**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/05)

4. FEI Number **59-2908025** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**ROBERT L TANKEL, P.A.
1022 MAIN ST
STE D
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 date if applicable (NOTE: Registered Agent signature required when reappointing)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ISRAEL, NETSAH	
STREET ADDRESS	748 SUNFLOWER DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KLEIN, MENASHE	
STREET ADDRESS	714 FIRST COURT	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	S	<input type="checkbox"/> Delete
NAME	COHEN, STEVE	
STREET ADDRESS	125 CARLYLE CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Adler, Chanie	
STREET ADDRESS	709 Samantha Dr.	
CITY-ST-ZIP	Palm Harbor FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3262 North East 212 Terrace
CITY-ST-ZIP	Miami FL 33180
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Chanie Adler **3-25-06 727-789-0458**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #