


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N27952</b> 1. Entity Name LITTLE DISCIPLES PRE-SCHOOL, INC.	
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<b>Principal Place of Business</b> C/O JIM SCOTT 4835 BENEVA ROAD SARASOTA, FL 34233 US	<b>Mailing Address</b> C/O JIM SCOTT 4835 BENEVA ROAD SARASOTA, FL 34233 US
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03242006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1778779	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  ROBBINS, RUSSELL 2327 OAK TERR SARASOTA, FL 34231
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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 (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBBINS, RUSSELL 2327 OAK TERRACE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ONEIL, GLENN 2284 GONDOLA DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD MCDOWELL, CINDY M 5784 WHISTLEWOOD CR SARASOTA, FL
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.	
<b>SIGNATURE:</b> <u>Cindy McDowell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/4/06</u> <u>(941) 924-9290</u> <small>Date Daytime Phone #</small>