2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# N94000005683

Entity Name: BLACKSTONE PREP, A NONPROFIT EDUCATIONAL CORPORATION

Current Principal Place of Business:

4815 E. BUSCH BLVD
SUITE 105
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 470385
CELEBRATION, FL 34747 US

New Mailing Address:

FEI Number: 59-3295188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WALDER, LYNNE
777 S HARBOUR ISLAND BLVD
SUITE 175
TAMPA, FL 33602 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:	DP	( ) Delete
Name:	LONGWORTH, MIMI	
Address:	P.O. BOX 470385	
City-St-Zip:	CELEBRATION, FL 34747	
Title:	DVT	( ) Delete
Name:	TAYLOR, PATRICIA L	
Address:	4203 OKARA RD	
City-St-Zip:	TAMPA, FL 33617	
Title:	DS	( ) Delete
Name:	CADDY, HELEN J	
Address:	STUDIO K, 585 COBB PKWY. S.	
City-St-Zip:	MARIETTA, GA 30062	
Title:	DVP	( ) Delete
Name:	RUDOLPH, WALLACE M	
Address:	308 CHARLESTON PLACE	
City-St-Zip:	CELEBRATION, FL 34747	

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
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 Section 119.07(3)(i), 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: MIMI LONGWORTH DP 05/02/2005
Electronic Signature of Signing Officer or Director — Date