

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90028 002 ****61.25

DOCUMENT # N94000005683					
1. Entity Name BLACKSTONE PREP, A NONPROFIT EDUCATIONAL CORPORATION					
Principal Place of Business 4815 E. BUSCH BLVD SUITE 105 TAMPA, FL 33617 US			Mailing Address P.O. BOX 470385 CELEBRATION, FL 34747 US		
50022099					
2. Principal Place of Business 5035 E Busch Blvd		3. Mailing Address P.O. Box 470385			
Suite, Apt. #, etc. 1A		Suite, Apt. #, etc. CELEBRATION			
City & State TAMPA, FL		City & State FL			
Zip 33617		Country US		Zip 34747	
Country U.S.		4. FEI Number 59-3295188			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent WALDER, LYNNE 777 S HARBOUR ISLAND BLVD SUITE 175 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name: WALLACE M. Rudolph Street Address (P.O. Box Number is Not Acceptable): 308 CHARLESTON PLACE City: CELEBRATION FL Zip: 34747		
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: <u>Wallace M. Rudolph</u> July 3, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LONGWORTH, MIMI <input type="checkbox"/> Delete P.O. BOX 470385 CELEBRATION, FL 34747				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT <input checked="" type="checkbox"/> Delete TAYLOR, PATRICIA L 4203 OKARA RD TAMPA, FL 33617				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS <input type="checkbox"/> Delete CADDY, HELEN J STUDIO K, 585 COBB PKWY. S. MARIETTA, GA 30062				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP <input type="checkbox"/> Delete RUDOLPH, WALLACE M 308 CHARLESTON PLACE CELEBRATION, FL 34747				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kim, Dohyun 127 16th Ave S.W. Ruskin, FL 33570				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Mimi Longworth</u> (407) 566 0649 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					