

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000141534

FILED
Jan 18, 2009
Secretary of State

Entity Name: PRESCHOOL PARTNERS DEVELOPMENT CORP.

Current Principal Place of Business:

5481 WILES ROAD SUITE 501
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

5481 WILES ROAD SUITE 501
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 20-8001794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERMAN, LANCE
5481 WILES ROAD SUITE 501
COCONUT CREEK, FL 33073 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHERMAN, LANCE
Address: 5548 WILES ROAD SUITE 103
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D () Delete
Name: SHERMAN, RITA
Address: 5548 WILES ROAD SUITE 103
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D () Delete
Name: CERNIGLIA, DAVID
Address: 5548 WILES ROAD SUITE 103
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D () Delete
Name: CERNIGLIA, FRANCES
Address: 5548 WILES ROAD SUITE 103
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHERMAN, LANCE
Address: 5481 WILES ROAD SUITE 501
City-St-Zip: CORAL SPRINGS, FL 33073

Title: D (X) Change () Addition
Name: SHERMAN, RITA
Address: 5481 WILES ROAD SUITE 501
City-St-Zip: CORAL SPRINGS, FL 33073

Title: D (X) Change () Addition
Name: CERNIGLIA, DAVID J
Address: 12211 TOWNE LAKE DR
City-St-Zip: FORT MYERS, FL 33913

Title: D (X) Change () Addition
Name: CERNIGLIA, FRANCES B
Address: 12211 TOWNE LAKE DR
City-St-Zip: FORT MYERS, FL 33913

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J CERNIGLIA

D

01/18/2009

Electronic Signature of Signing Officer or Director

Date