2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000073442

1. Entity Name
ISLAND PRESCHOOL, INC.

Principal Place of Business	Mailing Address
5 TRANSYLVANIA AVE KEY LARGO, FL 33037 US	5 TRANSYLVANIA AVE KEY LARGO, FL 33037 US

DO NOT WRITE IN THIS SPACE

07052005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0449141	Not Applicable

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

6. Name and Address of Current Registered Agent

RUIZ, CRISTINA
5 TRANSYLVANIA AVE.
KEY LARGO, FL 33037

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	RUIZ, CRISTINA
STREET ADDRESS	158 BAHAMA AVE
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	S
NAME	RUIZ, EMILIO
STREET ADDRESS	158 BAHAMA AVE
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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07/07/05-80017-006 558.75

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Cristina Ruiz_   7/7/05   (305)451-1181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #