2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000067838

1. Entity Name
CEDARVIEW PRESCHOOL II, INC.

Principal Place of Business	Mailing Address
9434 TEAK ST NEW PORT RICHEY, FL 34654	9434 TEAK ST NEW PORT RICHEY, FL 34654

DO NOT WRITE IN THIS SPACE

03172006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0523514	Not Applicable

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

6. Name and Address of Current Registered Agent

DUSTIN, DEBRA
9434 TEAK STREET
NEW PORT RICHEY, FL 34654

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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 $150.00
After May 1, 2006 Fee will be $550.00

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

10.　OFFICERS AND DIRECTORS

TITLE	P
NAME	DUSTIN, DEBRA
STREET ADDRESS	7420 BRENTWOOD DR
CITY-ST-ZIP	PORT RICHEY, FL 34668

TITLE	ST
NAME	DUSTIN, DARYL
STREET ADDRESS	7410 BRENTWOOD DR
CITY-ST-ZIP	PORT RICHEY, FL 34668

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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 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: X _Debra Dustin_   X 04-0506 727 868-4588
　　SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　　　　　Date　　　Daytime Phone #