


**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90108 001 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**24044600**



<b>DOCUMENT # P95000039367</b>					
1. Entity Name PREPARATORY SCHOOLS MANAGEMENT, INC.					
Principal Place of Business 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33309			Mailing Address 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33309		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0593596</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAMILLO, JOHN 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33309			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAMAN, PHILIP E		NAME		
STREET ADDRESS	1600 W. COMMERCIAL BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON, MARK		NAME		
STREET ADDRESS	1600 W COMMERCIAL BLVD		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, NEAL		NAME		
STREET ADDRESS	3251 WASHINGTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON, VA 22201		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMILLO, JOHN M		NAME		
STREET ADDRESS	1600 W .COMMERCIAL BLVD		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRUCE, WILLIAM D		NAME		
STREET ADDRESS	1600 W COMMERCIAL BLVD		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	DVST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BOYLE, DON		NAME		
STREET ADDRESS	1600 W COMMERCIAL BLVD		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33309		CITY-ST-ZIP		
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: <i>Mark Stephenson</i>			Date: <i>3/29/04</i> Daytime Phone #: <i>987 493 6565</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					