## FILED Apr 16, 2004 8:00 am Secretary of State 04-16-2004 90108 001 \*\*\*150.00

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # P95000039367  1. Entity Name PREPARATORY SCHOOLS MANAGEMENT, INC.        |   |                                  |  |                         |                                   |                              |                                    |  | 24(          | 4460                           | 0                               |  |
|---|---|----------------------------------|--|-------------------------|-----------------------------------|------------------------------|------------------------------------|--|--------------|--------------------------------|---------------------------------|--|
| Principal Place of Business<br>1600 W. COMMERCIAL BLVD.<br>FT. LAUDERDALE, FL 33309 |   |                                  | Mailing Address<br>1600 W. COMMERCIAL BLVD.<br>FT. LAUDERDALE, FL 33309        |                         |                                   |                              | 1 ( <b>8.2</b> 1( <b>8.3</b> ) (4) | a kārās Srivi skurik Salib Sak             |              | E455 1545 E441 1E4             | 81 <b>88</b> 4 11 1 <b>88</b> 1 |  |
| 2. Principal P  | tace of Business  | 3.                               | 3. Mailing Address   |                         |                                   |                              |                                    |  |              |                                |                                 |  |
| Suite, Apt. #, etc.   |   |                                  | Suite, Apt. #, etc.  |                         |                                   |                              | 3042004                            | Chg-P                                      | CR2E         | 034 (10/03)                    |                                 |  |
| City & State  |   |                                  | City & State   |                         |                                   | 4.                           | FEI Numb                           |  |              | <del></del>                    | oplied For<br>at Applicable     |  |
| Zip   | Country   |                                  | Zip Coun   |                         | itry                              | 5. Certificate of Status Des |                                    | of Status Desired                          |              | \$8.75 Add<br>Fee Require      |                                 |  |
|   | 6. Name and Address of Curre  | nt Regis                         | tered Agent  |                         |                                   | 7.                           | Name and                           | Address of New F                           | legistered   | Agent                          |                                 |  |
| CAMILLO   | MOUN.   | - · ·                            | made Park to But   |                         | Name                              |                              | ينة م <del>اهو</del> مري د         | سون عدد د دعو                              | ٠            |                                | -                               |  |
| CAMILLO, JOHN 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33309                     |   |                                  |  |                         |                                   |                              |                                    | er is Not Acceptabl                        | e)           |                                |                                 |  |
|   |   |                                  |  | City                    | <del></del>                       | <del></del>                  |                                    | Fl   | Zip Cod      | le                             |                                 |  |
| 8. The above  | named entity submits this statemen  | for the I                        | ourpose of changing its  | register                | ed office or re                   | oistered a                   | agent or ho                        | th in the State of FI                      |              | i                              | and accept                      |  |
| the obligat   | ions of registered agent.   | . 101 (110 )                     | our pood of cricinging its   | - Galatai               | 54 01166 0116                     | -gi3(6) <b>5</b> 4 (         | ugora, or bo                       | (ii, iii tiig gate oi i i                  | onog. Taki   | ( terrimer with                | and accept                      |  |
| SIGNATURE   | Signature, typed or printed name of registered ag   | ent and title                    | il applicable. (NOTE   | : Registere             | d Agent signature                 | required when                | n reinstating)                     |  | DATE         |                                |                                 |  |
| FIL<br>After M  | E NOW!!! FEE IS \$150.00<br>ay 1, 2004 Fee will be \$55   | 0.00                             | 9. Election Campai<br>Trust Fund Cont  |                         | ncing 🗆                           | \$5.00<br>Added t            | May Be<br>to Fees                  |  |              |                                |                                 |  |
| 10.   | OFFICERS A  | ND DIRE                          | CTORS  | 11.                     |                                   |                              | ADDITIONS.                         | CHANGES TO OFF                             | ICERS AN     | D DIRECTOR                     | S IN 11                         |  |
| TITLE   | DC  |                                  | ☐ Delete   | TITL                    | E                                 |                              |                                    |  |              | ☐ Change                       | Addition                        |  |
| NAME  | MORGAMAN, PHILIP E  |                                  |  | SE }                    |                                   |                              |                                    |  |              | }                              |                                 |  |
| STREET ADDRESS   1600 W. COMMERCIAL BLVD. CITY-ST-ZIP   FT. LAUDERDALE, FL 33309    |   |                                  |  | EET ADDRESS<br>'-ST-ZIP |                                   |                              |                                    |  |              |                                |                                 |  |
| TITLE   | DP  |                                  | ☐ Delete   | TITL                    | E                                 | D                            |                                    |  |              | Change                         | Addition                        |  |
| NAME  | STEPHENSON, MARK  |                                  |  | NAM                     | (E                                | ~                            |                                    |  |              | -(                             |                                 |  |
| STREET ADDRESS  | 1600 W COMMERCIAL BLVD  |                                  |  |                         | EET ADDRESS                       |                              |                                    |  |              |                                | }                               |  |
| CITY-ST-ZIP   | FT LAUDERDALE, FL 33309   |                                  |  |                         | '-ST-ZIP                          |                              |                                    |  |              |                                |                                 |  |
| TITLE<br>NAME   | D<br>NICHOLS, NEAL  |                                  | Delete   | TITL<br>NAM             |                                   |                              |                                    |  |              | ☐ Change                       | ☐ Addition                      |  |
| STREET ADDRESS  | 3251 WASHINGTON BLVD  |                                  |  |                         | EET ADDRESS                       |                              |                                    |  |              |                                |                                 |  |
| CITY-ST-ZIP   | ARLINGTON, VA 22201   |                                  |  | CITY                    | -ST-ZIP                           |                              |                                    |  |              |                                | 1                               |  |
| TITLE   | D   |                                  | ☐ Delete   | TITL                    | }                                 |                              |                                    | سه عدد مصفوره به ده شاهنی د                |              | ☐ Change                       | - 🖭 Addition                    |  |
| NAME<br>STREET ADDRESS  | CAMILLO, JOHN M<br>1600 W .COMMERICAL BLVD  | ,                                |  | NAM                     | ié<br>Éet address                 |                              |                                    |  |              |                                | 1                               |  |
| CITY-ST-ZIP   | FORT LAUDERDALE, FL 333   |                                  |  |                         | r-ST-ZIP                          |                              |                                    |  |              |                                | 1                               |  |
| TITLE   | DV  |                                  | ☐ Delete   | TITL                    | E                                 |                              | <del></del>                        | <del></del>                                |              | ☐ Change                       | Addition                        |  |
| NAME<br>OFFICE ADDRESS  | SPRUCE, WILLIAM D   |                                  |  | NAM                     | ,                                 |                              |                                    |  |              |                                | }                               |  |
| STREET ADDRESS CITY-ST-ZIP  | 1600 W COMMERCIAL BLVD<br>FT LAUDERDALE, FL 33309   |                                  |  |                         | EET ADDRESS )<br>'-ST-ZIP         |                              |                                    |  |              |                                | {                               |  |
| TITLE   | DVST  |                                  | Delete   | TITL                    | <del></del>                       |                              |                                    |  |              | ☐ Change                       | Addition                        |  |
| NAME  | O'BOYLE, DON  |                                  |  | NAM                     |                                   |                              |                                    |  |              | -                              | 1                               |  |
| STREET ADDRESS CITY-ST-ZIP  | 1600 W COMMERCIAL BLVD<br>FT LAUDERDALE, FL 33309   |                                  |  |                         | EET ADDRESS (<br>'-S)-ZIP         |                              |                                    |  |              |                                | {                               |  |
|   | <del>}</del>  | vith this 1                      | illing does not qualify for  |                         |                                   | d in Section                 | n 119.07(3)                        | (i), Florida Statutes                      | Liurther ce  | ertify that the i              | ntormation                      |  |
| indicated<br>of the cor<br>changed  | certify that the information supplied of an this report or supplemental report or supplemental report or trustee of the receiver or trustee of an an attachment with an adarest | is true<br>npowere<br>ss, vittra | and accurate and that r<br>d to execute this report<br>if other like empowered | ny signa<br>as requi    | iture shall havi<br>ired by Chapt | re the sam<br>ter 607, Fl    | ne legal effe<br>orida Statute     | ct as if made under<br>as; and that my nam | oath; that I | am an officer<br>in Block 10 o | or director<br>r Block 11 if    |  |
| Ì   | 1   | 1                                | 7  | M                       | ch SA                             | nl -                         |                                    | 3/29/04                                    | 4            | 0.4                            | _                               |  |
| SIGNAT  | SIGNATURE:  SIGNATURE:  SIGNATURE OF SIGNANG OFFICER OR DIRECTOR  Date  Date  Date  Date  Despire Priors of   |                                  |  |                         |                                   |                              |                                    |  |              |                                |                                 |  |