2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005639

Entity Name: PRESNELL ASSOCIATES, INC.

FILED Apr 20, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
815 WEST MARKET ST LOUISVILLE, KY 40202				815 WEST MARKET ST SUITE 300 LOUISVILLE, KY 40202			
Current Mailing Address:				New Mailing Address:			
815 WEST MARKET ST LOUISVILLE, KY 40202				815 WEST MARKET ST SUITE 300 LOUISVILLE, KY 40202			
FEI Number:	: 61-0865261	FEI Number Applied For ()	FEI Num	nber Not Appl	licable ()	Certificate of Status Desired ()
Name and	Address of C	current Registered Agent:		Name and	Address of I	New Registered Agent:	
1200 SOU PLANTATI The above	PORATION SYSTEM IN PINE ISLA ION, FL 33324 ION IN THE INTERIOR INTERIOR IN THE INTERIOR INT	ND ROAD	purpose of	f changing i	ts registered (office or registered agent, or	both,
SIGNATU							
	Electror	ic Signature of Registered Ag	ent			Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	WRIGHT, WEN	BBIRD VALLEY RD		Title: Name: Address: City-St-Zip:	SMITH, DAVID	RKET STREET SUITE 300	
Title: Name: Address: City-St-Zip:	REED, DAVID	RKET STREET SUITE 300		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	NEWMAN, SUS	T STREET-SUITE 300		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () BURKHOLDER 6902 CROSSB PROSPECT, K	OW PLACE		Title: Name: Address: City-St-Zip:	GUSTAFSON,	ET STREET SUITE 300	
Title: Name: Address: City-St-Zip:	SMITH, DAVID	RKET STREET SUITE 300		Title: Name: Address: City-St-Zip:	KELLY, GLEN	RKET STREET SUITE 300	
Title: Name: Address: City-St-Zip:	KELLY, GLEN I	T STREET-SUITE 300		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN M. NEWMAN VST 04/20/2007