

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V32244

FILED
Jul 14, 2006
Secretary of State**Entity Name:** PREFERRED CREDIT SERVICES, INC.**Current Principal Place of Business:**243 BUTTONWOOD POINT
JUPITER, FL 33458 US**New Principal Place of Business:**1952 S.E. PORT SAINT LUCIE BLVD.
PORT SAINT LUCIE, FL 34952 US**Current Mailing Address:**243 BUTTONWOOD POINT
JUPITER, FL 33458 US**New Mailing Address:**P.O. BOX 8721
PORT SAINT LUCIE, FL 34985 US**FEI Number:** 65-0366862**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LAEHA, CHARLEEN D
243 BUTTONWOOD POINT
JUPITER, FL 33458 US**Name and Address of New Registered Agent:**HO, LINDSEY
1952 S.E. PORT ST. LUCIE BLVD.
PORT SAINT LUCIE, FL 34952 US

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.

SIGNATURE: LINDSEY HO

07/14/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAEHA, CHARLEEN D
Address: 243 BITTONWOOD POINT
City-St-Zip: JUPITER, FL 33458

Title: VPD (X) Delete
Name: HO, LINDSEY K
Address: 243 BUTTONWOOD POINT
City-St-Zip: JUPITER, FL 33458

Title: TD (X) Delete
Name: LAEHA, BRANDON K
Address: 243 BUTTONWOOD POINT
City-St-Zip: JUPITER, FL 33458

Title: SD (X) Delete
Name: LAEHA, LEILANI E
Address: 243 BUTTONWOOD POINT
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HO, LINDSEY
Address: 1952 S.E. PORT SAINT LUCIE BLVD.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LINDSEY HO

D

07/14/2006

Electronic Signature of Signing Officer or Director

Date