## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 03, 2006 8:00 am Secretary of State

ANNUAL KEPUKI					Secretary or State			
DOCUMENT # F0200005539  1. Entity Name PREFERRED RESOURCES INTERNATIONAL, INC.					08-03-200	6 90002 018 ***55	0.00	
Principal Place of Business 12761 NW 75TH STREET PARKLAND, FL 33076		Mailing Address 12761 NW 75TH STREET PARKLAND, FL 33076		£ 1 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</b>			(CO) (1) (1001	
2. Principal P	ace of Business  NW 113 Th WAY	3. Mailing Address 7789 NW //3	" WAY					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		07252006	Chg-P	CR2E034 (11/05)		
City & State		City & State PARKLAND,	FL	4. FEI Numb 54-164		1 - <del></del>	plied For t Applicable	
Zip 330	76 Country US A	Zip33076	Counti, USA	5. Certificate	of Status Desired	\$8:75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Agent	<del></del>	
PLUSHKO, VALENTIN 12761 NW 75TH STREET PARKLAND, FL 33076				Name PI v 5 4 K 6 , V A L E N T I N  Street Address (P.O. Box Number is Not Acceptable)  7789 NW /13 M W Ay				
		_	City	PARKLAND		FL Zip Cod	33076	
	named entity submits this statement to	or the purpose of changing its re	gistered office or r	egistered agent, or bo	oth, in the State of F	Florida. I am familiar with,	and accept	
the obligat	ions of registered agent.	5 //		<del></del>	07 10	200		
SIGNATURE_	001				7 [. 30.	2006		
	Signature, typed or printed name of registered agent	and the trappicable. (NOTE: F	Registered Agent signature	required when reinstating)		DATE		
I	LE NOW!!! FEE IS \$550.00 ue by September 6, 2006	9. Election Campaigr Trust Fund Contrib		\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
TITLE	CPT ~ ~	☐ Delete	TITLE			🔀 Change	☐ Addition	
NAME	PLUSHKO, VALENTIN		NAME	7789 N	112+4 /	144		
STREET ADDRESS CITY-ST-ZIP	<del>12761 NW 75TH STREE</del> T PARKLAND, FL 33076		STREET ADDRESS CITY-S1-ZIP	//89 N	W 115	779		
TITLE	\$	☐ Delete	TITLE			Change	Addition	
NAME	GALLAGHER, JEFFREY M	Delite	NAME					
STREET ADDRESS	10487 LAKE RIDGE PKWY, STI	E 400	STREET ADDRESS					
CITY-ST-ZIP	ASHLAND, VA 23005		CITY-ST-ZIP					
TITLE		— 🔲 Delete	IIILE	•		- Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
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NAME			NAME				_	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	1		CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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 affect 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:

Teffey M Jally L.

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/06

824-\$539-7555

Daytime Phone #