

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002725

FILED
Apr 24, 2005
Secretary of State

Entity Name: PREFERRED OFFICE SOLUTIONS, INC.

Current Principal Place of Business:

13151 ZORI LANE
WINDERMERE, FL 34786

New Principal Place of Business:

15558 AMBERBEAM BLVD
WINTER GARDEN, FL 34787

Current Mailing Address:

13750 W. COLONIAL DR. SUITE 350 #103
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 27-0071553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNOR, KELLY
13151 ZORI LANE
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

FLOOD, STEPHANIE
15558 AMBERBEAM BLVD
WINTER GARDEN, FL 34787 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: STEPHANIE FLOOD

04/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLOOD, STEPHANIE
Address: 1680 INDEPENDENCE TRIAL
City-St-Zip: CUMMING, GA 30040

Title: CV () Delete
Name: O'CONNOR, KELLY
Address: 13151 ZORI LANE
City-St-Zip: WINDERMERE, FL 34786

Title: S (X) Delete
Name: O'CONNOR, CHRIS
Address: 13151 ZORI LANE
City-St-Zip: WINDERMERE, FL 34786

Title: TD (X) Delete
Name: FLOOD, DANIEL
Address: 1680 INDEPENDENCE TRIAL
City-St-Zip: CUMMING, GA 30040

Title: D (X) Delete
Name: O'CONNOR, CHRISTOPHER
Address: 13151 ZORI LANE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLOOD, STEPHANIE
Address: 15558 AMBERBEAM BLVD
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP (X) Change () Addition
Name: FLOOD, DANIEL A
Address: 15558 AMBERBEAM BLVD
City-St-Zip: WINTER GARDEN, FL 34787

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 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 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: STEPHANIE FLOOD

P

04/24/2005

Electronic Signature of Signing Officer or Director

Date