


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F04000005740</b> 1. Entity Name <b>THE PEREGRINE COMPANY OF KENTUCKY</b>	
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Principal Place of Business <b>11405 PARK ROAD STE 100 LOUISVILLE, KY 40223-0066</b>	Mailing Address <b>PO BOX 23066 LOUISVILLE, KY 40223-0066</b>
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01052007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>61-1261766</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>STUCKERT, STEVE 8019 SAN SIMEON WAY NAPLES, FL 34109</b>
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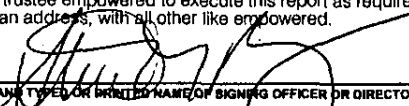
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000670318</b> <b>03/27/07-80106-016 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RAY, STUART 12203 LUCAS LANE ANCHORAGE, KY 40223</b>
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12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
<b>SIGNATURE:</b>  <b>3-9-07</b> <b>502 2447989</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>