2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005
Secretary of State

DOCUMENT# F96000002842

Entity Name: PREFERRED RESORT MAIN GATE, INC.

Current Principal Place of Business:

2950 REEDY CREEK BLVD
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

2950 REEDY CREEK BLVD
KISSIMMEE, FL 34747

New Mailing Address:

FEI Number: 93-1209220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONGO, JOE
2950 REEDY CREEK BLVD
KISSIMMEE, FL 34747 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCPHAIL, GRANT B
Address: 606 CALLE EMBOCADURA
City-St-Zip: SAN CLEMENTE, CA 92673

Title: VD ( ) Delete
Name: SINKIN, STEVEN A
Address: 105 WEST WOODLAWN
City-St-Zip: SAN ANTONIO, TX 78212

Title: VD ( ) Delete
Name: KOSOY, BRIAN D
Address: 1 NORTH CLEMATIS STREET, SUITE 305
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD ( ) Delete
Name: GREEN, ROBERT S
Address: 1 NORTH CLEMATIS STREET, SUITE 305
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VST ( ) Delete
Name: SHREEVE, DAVID J
Address: 1 NORTH CLEMATIS STREET, SUITE 305
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: GRANT B MCPHAIL PD 03/21/2005

Electronic Signature of Signing Officer or Director — Date