

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILE

05 SEP 26

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08152005 Chg-P CR2E034 (10/03)

JK9/27

DOCUMENT # F97000000832					
1. Entity Name THE PREFERRED COMPANIES					
Principal Place of Business SIX NESHAMINY INTERPLEX SUITE 205 TREVOSE, PA 19053			Mailing Address SIX NESHAMINY INTERPLEX SUITE 205 TREVOSE, PA 19053		
2. Principal Place of Business 1300 Virginia Drive		3. Mailing Address 1300 Virginia Drive			
Suite, Apt. #, etc. Suite 315		Suite, Apt. #, etc. Suite 315			
City & State Fort Washington, PA		City & State Fort Washington, PA		4. FEI Number 23-2339319	
Zip 19034		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATTHEW, RICHARD L 706 KNOX ROAD VILLANOVA, PA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Matthew, Richard L 706 Knox Road Villanova, PA 19085	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PACK, RONALD E 404 BALTIMORE STREET GETTYSBURG, PA 17325	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200059905902 09/26/05--01002--010 **558.75	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WEHR, RICHARD M 845 PARKWAY RD ALLENTOWN, PA 18104	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wehr, Richard M 4026 Evergreen Road Allentown, PA 18104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRISCOLL, DOROTHY 1201 CHAMPLAIN DR VOORHEES, NJ 08043	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Rosetti, Denise 78 N. Whitehall Road Norristown, PA 19403	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Koch, Robert S 1959 Pinehurst Road Bethlehem, PA 18018	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
SIGNATURE: Robert S. Koch 8/14/05 800-222-3085 x323					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					