## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H58358

Entity Name: PREFERRED BUILDERS REALTY, INC.

FILED Jan 16, 2009 Secretary of State

| The state of the s |  |                                  |                |   |                 |                           |              |
|--|--|----------------------------------|----------------|---|-----------------|---------------------------|--------------|
| Current Principal Place of Business:   |  |                                  |                | New Principal Place of Business:                        |                 |                           |              |
| 4000 HOLLYWOOD BLVD<br>STE #500N<br>HOLLYWOOD, FL 33021  |  |                                  |                | 4000 HOLLYWOOD BLVD<br>STE #400N<br>HOLLYWOOD, FL 33021 |                 |                           |              |
| Current Mailing Address:   |  |                                  |                | New Mailing Address:                                    |                 |                           |              |
| 4000 HOLLYWOOD BLVD<br>STE #500N<br>HOLLYWOOD, FL 33021  |  |                                  |                | 4000 HOLLYWOOD BLVD<br>STE #400N<br>HOLLYWOOD, FL 33021 |                 |                           |              |
| FEI Number: 59-2552841 FEI Number Applied For ( ) FEI Number   |  |                                  | nber Not Appli | t Applicable ( ) Certificate of Status Desired ( )      |                 |                           |              |
| Name and Address of Current Registered Agent:  |  |                                  |                | Name and Address of New Registered Agent:               |                 |                           |              |
| C/O CT CC<br>1200 SOUT   | DRATION SYS<br>DRPORATION<br>TH PINE ISLAN<br>ON, FL 33324 | SYSTEM<br>ID ROAD                |                |   |                 |                           |              |
| The above in the State   |  | ubmits this statement for the pu | rpose o        | f changing it   | ts registered o | office or registered ager | ıt, or both, |
| SIGNATUR   | RE:  |                                  |                |   |                 |                           |              |
|  | Electroni  | c Signature of Registered Agen   | ıt             |   |                 | Date                      |              |
| Election Cam   | npaign Financing   | Trust Fund Contribution ( ).     |                |   |                 |                           |              |
| OFFICERS AND DIRECTORS:  |  |                                  |                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:            |                 |                           |              |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | DEVENDORF, R   | OOD BLVD,STE 500-N               |                | Title:<br>Name:<br>Address:<br>City-St-Zip:             | MCADEN, TOM     | OOD BLVD,STE 400-N        |              |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | WAGMAN, STEV   | OOD BLVD STE 500N                |                | Title:<br>Name:<br>Address:<br>City-St-Zip:             | YEONAS, GEO     | OOD BLVD STE 400N         |              |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | TRIMMER, TERI  | OOD BLVD STE #500N               |                | Title:<br>Name:<br>Address:<br>City-St-Zip:             | GEORGESCU,      | OOD BLVD STE #400N        |              |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | ()   | Delete                           |                | Title:<br>Name:<br>Address:<br>City-St-Zip:             | BERKOWITZ, F    | OOD BLVD. STE #400N       |              |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | ()   | Delete                           |                | Title:<br>Name:<br>Address:<br>City-St-Zip:             | BERKOWITZ, I    | OOD BLVD. STE. #400N      |              |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | ()   | Delete                           |                | Title:<br>Name:<br>Address:<br>City-St-Zip:             | MCADEN, TOM     | OOD BLVD. STE. #400N      |              |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PAUL BERKOWITZ DVP 01/16/2009