2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K01122

KAYE, SUE L

8005 LAUREL RIDGE CT

DELRAY BEACH, FL 33446

Name:

Address:

City-St-Zip:

Entity Name: PRINCETON INDUSTRIES INC.

FILED Jan 17, 2008 Secretary of State

Littly Na	IIIe. FRINC	LIONIN	DOSTRIES, INC.			
Current Principal Place of Business:				New Principal Pla	New Principal Place of Business:	
	/ 39TH STRE PRINGS, FL		US	110 COMMERCE F BOYNTON BEACH		
Current Mailing Address:				New Mailing Add	New Mailing Address:	
	/ 39TH STRE PRINGS, FL		US	110 COMMERCE I BOYNTON BEACH		
FEI Number	: 65-0046690	FEIN	Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Addres	Name and Address of New Registered Agent:	
	ER, BRAD / 39TH STRE PRINGS, FL		US	BREWSTER, BRA 110 COMMERCE F BOYNTON BEACH	RD	
	e named enti e of Florida.	ty submit	s this statement for the	purpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE:					01/17/2008	
	Electi	ronic Sigi	nature of Registered Ag	ent	Date	
Election Car	mpaign Financ	ing Trust	Fund Contribution ().			
OFFICER	S AND DIRE	ECTORS	:	ADDITIONS/CHAI	NGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD BREWSTER 4908 NW 10 CORAL SPR	1 AVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD BREWSTER 4908 NW 10 CORAL SPR	1 AVE	r	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPSD KAYE, MARG 8005 LAURE DELRAY BE	EL RIDGE (Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	AS	(X) Delete		Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRADLEY BREWSTER PRES 01/17/2008