
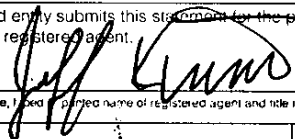
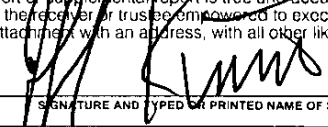


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90030 041 \*\*\*150.00

<b>DOCUMENT # L96700</b> 1. Entity Name <b>PREFERRED MARKETING AGENTS, INC.</b>			
Principal Place of Business <b>1001 EAST SAMPLE ROAD #7E POMPANO BEACH, FL 33064 US</b>		Mailing Address <b>1001 E SAMPLE RD 7E POMPANO BEACH, FL 33064 US</b>	
2. Principal Place of Business - No P.O. Box # <b>7660 N. State rd 7</b>		3. Mailing Address <b>7660 N. State rd 7</b>	
Suite, Apt. #, etc. <b>#3</b>		Suite, Apt. #, etc. <b>#3</b>	
City & State <b>Pompano Bch, FL</b>		City & State <b>Pompano Bch, FL</b>	
Zip <b>33067</b>		Zip <b>33067</b>	
Country 		Country 	
4. FEI Number <b>65-0213944</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KINNI, JEFF 1001 EAST SAMPLE ROAD #7E POMPANO BEACH, FL 33064</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>7660 N. State rd. 7</b> <b>#3</b> City <b>Pompano Bch</b> <b>FL</b> Zip Code <b>33067</b>	
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 		Jeff Kinni DATE <b>1-17-07</b>	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
<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 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KINNI, JEFF</b> <b>6255 N.W. 77TH PLACE</b> <b>PARKLAND, FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOST, JOE</b> <b>14011 LAKE POINT DRIVE</b> <b>CLEARWATER, FL 33762</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: 		1-17-07 954.943.1461	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	