

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006638

FILED  
Apr 11, 2006  
Secretary of State

**Entity Name:** PARTNERS FOR PREEMIES INCORPORATED

**Current Principal Place of Business:**

PO BOX 725  
WEST PALM BEACH, FL 33402

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 725  
WEST PALM BEACH, FL 33402

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ABRAMS, SETH  
Address: PO BOX 725  
City-St-Zip: WEST PALM BEACH, FL 33402

Title: D ( ) Delete  
Name: SIGMOND, WESTON  
Address: PO BOX 725  
City-St-Zip: WEST PALM BEACH, FL 33402

Title: D ( ) Delete  
Name: MORDECAI, MICHAEL JR  
Address: PO BOX 725  
City-St-Zip: WEST PALM BEACH, FL 33402

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE MORDECAI

D

04/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date