

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000006622</b> 1. Entity Name <b>PRINCETON BOUND, INC.</b>			
Principal Place of Business <b>5928 S.W. 68TH STREET SOUTH MIAMI, FL 33143</b>		Mailing Address <b>5928 S.W. 68TH STREET SOUTH MIAMI, FL 33143</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04232007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number <b>65-0877010</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>STARKE, LENARDO D 3340 MCDONALD STREET SUITE A MIAMI, FL 33133</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U00000735154 05/10/07-80022-013 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROUP, WORRELL C 5928 S.W. 68TH STREET SOUTH MIAMI, FL 33143		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROUP, MARILYN 5928 S.W. 68TH STREET SOUTH MIAMI, FL 33143		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICKENS, BOBBIE 5928 S.W. 68TH STREET SOUTH MIAMI, FL 33143		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 617, 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: 		4/23/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	