

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000026827

FILED
Jan 29, 2007
Secretary of State

Entity Name: PREFERRED TRANSFER SERVICE, INC.

Current Principal Place of Business:

1200 CLINTMOORE RD BAY 9
BOCA RATON, FL 33487

New Principal Place of Business:

6332 SEMINOLE TERRACE
MARGATE, FL 33063

Current Mailing Address:

PO BOX 670971
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 65-0994557 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRETT, TIMOTHY B
6332 SEMINOLE TERRACE
CORAL SPRINGS, FL, FL 33063 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARRETT, TIMOTHY B
Address: 6332 SEMINOLE TERRACE
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: BARRETT, WENDY K
Address: 6332 SEMINOLE TERRACE
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY BARRETT

PRES

01/29/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date