
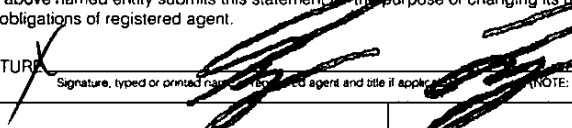
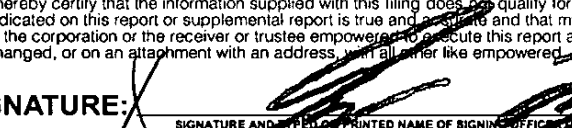


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90110 037 ***150.00

DOCUMENT # P00000058856 1. Entity Name PREFERRED PUBLICATIONS SERVICES, INC.																							
Principal Place of Business PALM AIRE PLAZA 2700 W. ATLANTIC BLVD, SUITE 200 POMPANO BEACH, FL 33069		Mailing Address 6466 NW 5TH WAY FORT LAUDERDALE, FL 33309																					
2. Principal Place of Business - No P.O. Box # 1245 SW 26 Ave Suite, Apt. #, etc. PMB 112		3. Mailing Address 2953 W. Cypress Creek Road Suite, Apt. #, etc. Suite 101																					
City & State Pompano Beach FL Zip 33069		City & State Fort Lauderdale, FL Zip 33309																					
Country USA		Country USA																					
4. FEI Number 65-1018872		Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																					
6. Name and Address of Current Registered Agent LEVY, TROY 6466 NW 5TH WAY FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2953 W. Cypress Creek Road Suite 101 City Fort Lauderdale																					
State FL		Zip Code 33309																					
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  DATE 4/27/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																							
FILE NOW!!! FEES \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEVY, TROY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6466 NW 5TH WAY</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FT. LAUDERDALE, FL 33309</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	LEVY, TROY		STREET ADDRESS	6466 NW 5TH WAY		CITY - ST - ZIP	FT. LAUDERDALE, FL 33309		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2953 W Cypress Creek Road Suite 101</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FORT LAUDERDALE, FL 33309</td> </tr> </table>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS	2953 W Cypress Creek Road Suite 101	CITY - ST - ZIP	FORT LAUDERDALE, FL 33309
TITLE	D	<input type="checkbox"/> Delete																					
NAME	LEVY, TROY																						
STREET ADDRESS	6466 NW 5TH WAY																						
CITY - ST - ZIP	FT. LAUDERDALE, FL 33309																						
TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>																						
NAME																							
STREET ADDRESS	2953 W Cypress Creek Road Suite 101																						
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP					
TITLE	Delete <input type="checkbox"/>																						
NAME																							
STREET ADDRESS																							
CITY - ST - ZIP																							
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																						
NAME																							
STREET ADDRESS																							
CITY - ST - ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP					
TITLE	Delete <input type="checkbox"/>																						
NAME																							
STREET ADDRESS																							
CITY - ST - ZIP																							
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																						
NAME																							
STREET ADDRESS																							
CITY - ST - ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP					
TITLE	Delete <input type="checkbox"/>																						
NAME																							
STREET ADDRESS																							
CITY - ST - ZIP																							
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																						
NAME																							
STREET ADDRESS																							
CITY - ST - ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP					
TITLE	Delete <input type="checkbox"/>																						
NAME																							
STREET ADDRESS																							
CITY - ST - ZIP																							
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																						
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 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: 		Date 4/27/07 Daytime Phone #																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																							