

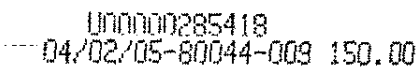


FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000073118 1. Entity Name PREFERRED EXCHANGE MANAGEMENT CO.			
Principal Place of Business 3111 N UNIVERSITY DRIVE #1000 CORAL SPRINGS, FL 33065		Mailing Address 3111 N UNIVERSITY DRIVE #1000 CORAL SPRINGS, FL 33065	
DO NOT WRITE IN THIS SPACE			
		03282005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-1032291	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
BALDOVIN, SARAGA & LIPSHY, P.A. ATTN: ROBERT S. SARAGA, ESQ. 201 N.E. 1ST AVENUE DELRAY BEACH, FL 33444		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENO, THOMAS R 3111 N. UNIVERSITY DR #1000 CORAL SPRINGS, FL 33065	 04/02/05-80044-009 150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBER, THOMAS P 3111 N. UNIVERSITY DR #1000 CORAL SPRINGS, FL 33065		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, JORDAN C 3111 N. UNIVERSITY DR #1000 CORAL SPRINGS, FL 33065		
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 exemption stated in Section 119.07(3)(f), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/31/05 954340-0120 Date Daytime Phone #	