


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P01000037533 1. Entity Name PREFERRED MANAGEMENT ENTERPRISES, INC. |  |
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| Principal Place of Business P.O. BOX 40036 ST PETERSBURG, FL 33743-0036 | Mailing Address P.O. BOX 40036 ST PETERSBURG, FL 33743-0036 |
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| DO NOT WRITE IN THIS SPACE |
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03012004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3729580 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CHEATHAM, RUSSELL ESQ 5536 CENTRAL AVE ST PETERSBURG, FL 33707 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D FRANCIS, PAUL 6228 4TH AVE NORTH ST PETERSBURG, FL 337100000 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| <p>U00000129682 04/26/04-80088-011 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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: Paula. Lewis Lewis 31004 727.3454584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #