2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000016228 1. Entity Name 01-27-2006 90026 003 ***158.75 PRESTON ENTERPRISES, INC. Principal Place of Business Mailing Address 2364 SWEETWATER BLVD. PO BOX 110873 NAPLES, FL 34108 SAINT CLOUD, FL 34772 2. Principal Place of Business 3. Mailing Address 12301 Notting PO BOX 110873 Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For Banita 30-0166621 Doples Not Applicable Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 400 341108 ollier Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Je550 PRESTON, JESSE Street Address (P.O. Box Number is Not Acceptable) 2304 SWEETWATER BLVD SAINT CLOUD, FL 34772 12301 Zip Code 34 / 35 2Prina 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. Preston SIGNATURE us Ma 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITI F Preston, David Hill Lone #3 NAME PRESTON, DAVID NAME 2364 SWEETWATER BLVD STREET ADORESS STREET ADDRESS CITY-ST-ZIP SAINT CLOUD, FL 34772 CITY-ST-ZP TITLE Delete TITLE ■ Addition Preston, Jesse 12301 Notting Hill Cone #3 PRESTON, JESSE NAME NAME STREET ADDRESS 2364 SWEETWATER BLVD STREET ADDRESS CITY-ST-ZIP SAINT CLOUD, FL 34772 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI E Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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 ampowered 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 attachmenty with an address, with all other like empowered. SIGNATURE:

FILED

Jan 27, 2006 8:00 am