2008 FOR PROFIT CORPORATION

SIGNATURE:

Jan 30, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P03000016228** 1. Entity Name 01-30-2008 90026 013 ***150.00 PRESTON ENTERPRISES, INC. Principal Place of Business Mailing Address 12301 NOTTING HILL LANE PO BOX 110873 NAPLES, FL 34108 STE. 3 **BONITA SPRINGS, FL 34135** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 27101 Sun Suite, Apt. #, etc. Box 36632 Suite, Apt. #, etc. 01172008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 30-0166621 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRESTON, JESSE Street Address (P.O. Box Number is Not Acceptable) 12301 NOTTING HILL LANE #3 **BONITA SPRINGS, FL 34135** phrings 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of SIGNATURE (NOTE: Registered Agent signature required when reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE X Change ☐ Addition PRESTON, DAVID NAME NAME 27161 500 STREET ADDRESS 12301 NOTTING HILL LANE #3 STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34135 CITY-ST-ZIP VS. TITLE ☐ Delete THE Change ☐ Addition NAME PRESTON, JESSE NAME 12301 NOTTING HILL LANE #3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34135 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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 frustee 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, withyall other like empowered.

FILED