

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000100113

FILED
Apr 19, 2005
Secretary of State

Entity Name: PREFERRED SHOP SERVICE, INC.

Current Principal Place of Business:

5067 LITTLE BETH DR. N.
BOYNTON BEACH, FL 33437

New Principal Place of Business:

5067 LITTLE BETH DR N
BOYNTON BEACH, FL 33437

Current Mailing Address:

5067 LITTLE BETH DR. N.
BOYNTON BEACH, FL 33437

New Mailing Address:

PO BOX 1221
BOYNTON BEACH, FL 33425

FEI Number: 20-0217242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIOPPPO, JOSEPH
5067 LITTLE BETH DR. N.
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

SCHIOPPPO, JOSEPH
PO BOX 1221
BOYNTON BEACH, FL 33425 US

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.

SIGNATURE: JOSEPH SCHIOPPPO

04/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHIOPPPO, JOSEPH
Address: 5067 LITTLE BETH DR. N.
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHIOPPPO, JOSEPH
Address: PO BOX 1221
City-St-Zip: BOYNTON BEACH, FL 33425

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH SCHIOPPPO

P

04/19/2005

Electronic Signature of Signing Officer or Director

Date