

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000025232

1. Entity Name
PREFERRED FRAMING, INC.



**FILED
May 11, 2006 8:00 am
Secretary of State**

05-11-2006 90240 048 ***550.00

Principal Place of Business
169 SANTA CLARA DR #14
NAPLES, FL 34104

Mailing Address
169 SANTA CLARA DR #14
NAPLES, FL 34104

2. Principal Place of Business
689 107th Ave N

3. Mailing Address
689 107th Ave N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Naples, FL

Zip
34108

Country
USA

Zip
34108

Country
USA

4. FEI Number
65-0714788

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANEY, DANIEL W
169 SANTA CLARA DR #14
NAPLES, FL 34104

Name
HANEY, DANIEL W

Street Address (P.O. Box Number is Not Acceptable)
689 107th Ave N

City
Naples

FL
Zip Code
34108

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

4-5-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPT
HANEY, DANIEL W
169 SANTA CLARA DR #14
NAPLES, FL 34104

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPSD
SCHRODER, RICHARD
5308 CYPRESS LANE
NAPLES, FL 34113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPT
HANEY, DANIEL W
689 107th Ave N
Naples, FL 34108

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 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

4-5-06

239 248 0054

Date Daytime Phone #