

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-11-2006 90240 048 ***550.00

DOCUMENT # P04000025232 1. Entity Name PREFERRED FRAMING, INC.					
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 Suite, Apt. #, etc.		3. Mailing Address 689 107th Ave N Suite, Apt. #, etc.			
City & State Naples, FL		City & State Naples, FL		4. FEI Number 65-0714788	
Zip 34108		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANEY, DANIEL W 169 SANTA CLARA DR #14 NAPLES, FL 34104			7. Name and Address of New Registered Agent 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: <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HANEY, DANIEL W <input type="checkbox"/> Delete 169 SANTA CLARA DR #14 NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HANEY, DANIEL W <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 689 107th Ave N Naples, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD SCHRODER, RICHARD <input type="checkbox"/> Delete 5308 CYPRESS LANE NAPLES, FL 34113		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:			Date: 4-5-06 Daytime Phone #: 239 248 0054		