2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # P05000011544 Jun 04, 2007 08:00 AM 1. Entity Name **Secretary of State** DEREK PREISER SERVICES INC. Principal Place of Business Mailing Address 1005 NORTH J STREET LAKE WORTH FL 33460 1005 NORTH J STREET LAKE WORTH FL 33460 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-2203947 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PREISER, DEREK C 1005 NORTH J STREET Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33460 Zip Code 8. The above named onlity 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 it applicable, (NOTE: Registered Ageni signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11111. Delete THE Change Addition PREISER, DEREK C NAME NAME 1005 NORTH J STREET STREET ADDRESS. STREET ADDRESS *U*00000765722 CITY-ST-ZIP LAKE WORTH FL 33460 06/04/07-80002-007 150.00 CITY - ST - ZIP 11111 Defete mit □ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete UHE Change Addition NÀME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete □ Change ☐ Addition NAME NAMi STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY+ST-ZIP TITLE ☐ Delete 11111 ☐ Change Addition NAML NAM! STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-ZIP TITLE, Delete 1011 ☐ Change Addition NAME NAME STREET ADDRESS STROLL ADDRESS CHY-ST-ZIP CITY-SI-ZIP 12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

NAME OF SIGNING OFFICER OR DIRECTOR

5-26-07