

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000091911

FILED  
Feb 28, 2007  
Secretary of State

Entity Name: PREFERENTIAL TITLE COMPANY, INC.

## Current Principal Place of Business:

704 S.W. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34953

## New Principal Place of Business:

## Current Mailing Address:

704 S.W. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34953

## New Mailing Address:

FEI Number: 20-5181156

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FISHER, BROOK E  
400 N. FLAGLER DRVIE  
B  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

NICOLE, EVASIOUS  
9873 BAYWINDS DRIVE  
#5110  
WEST PALM BEACH, FL 33415 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: NICOLE EVASIOUS

02/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: EVASIOUS, NICOLE  
Address: 2745 S. OLIVE AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: VP (X) Delete  
Name: ENGLE, LAURA A  
Address: 3416 PALM COURT  
City-St-Zip: TEQUESTA, FL 33469

Title: S (X) Delete  
Name: ENGLE, LAURA A  
Address: 3416 PALM COURT  
City-St-Zip: TEQUESTA, FL 33469

Title: T (X) Delete  
Name: EVASIOUS, NICOLE  
Address: 2745 S. OLIVE AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33405

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: EVASIOUS, NICOLE  
Address: 9873 BAYWINDS DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NICOLE EVASIOUS

PRES

02/28/2007

Electronic Signature of Signing Officer or Director

Date