## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

## **FILED** Mar 16, 2007 8:00 am Secretary of State

☐ Change ☐ Addition

,				5001016	ii y vi Biaic			
DOCUMENT # P31519  1. Entity Name PREFCO VI INC.					03-16-2007 90026 008 ***150.00			
Principal Place of Business Mailing Address		Mailing Address		200	AHAAA			
		<del>-</del>		20007169				
27 WATERVIEW DR		27 WATERVIEW DR						
201 MERRITT SEVEN		201 MERRITT SEVEN		1				
SHELTON, CT	7 06484 US	SHELTON, CT 06484 US	)		M BIBLI BIBLI BIBLI BIBLI BIBLI BIBLIBE II IRBI			
1.0		1244			# 81811 81811 81811 81816 81811 81811 887 16 188			
	face of Business - No P.O Box #	3. Mailing Address			(\$ 018)  B B(  018)  B B   B B   B B   B B			
, 3 Con	sporate Drive	13 Corporate	. Dree	4				
Suite, Apt. #. etc.		Suite, Apt. #, 9rc.		02262007 Chg-P	CR2E034 (12/06)			
	le 300	Juste 300		02202001 Gilg-1	01(22004 (12/00)			
City & Stat		City & State		4. FEI Number	Applied For			
Sha	Itan CT	I Shalton C		06-1305648	Not Applicable			
Zip	Country	Zip Co	ountry _	00 1000010	· '			
1 20/110	4.6232 USA		üka	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
, 00 70	<del></del>		οι, <b>τ</b> 1 <u>1</u>	<u> </u>	' !			
·	6. Name and Address of Current	Registered Agent		7. Name and Address of New	Registered Agent			
			· Name		•			
CT CORP	ORATION SYSTEM			(0.0 p. 1)				
1200 S. PI	NE ISLAND ROAD		Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
<ul> <li>PLANTATI</li> </ul>	ON, FL 33324				_ <del></del>			
1			į.		'			
1			City	· —-	Zip Code			
1			City		FL Zip Code			
8. The above	named entity submits this statement to	r the purpose of changing its regis	stered office or rea	istered agent, or both, in the State of F	lorida. I am familiar with, and accept			
	ions of registered agent	3 3 1 3 3		<b>9</b>	· ·			
SIGNATURE.					<del></del>			
1	Signature, typed or printed name of impistured agent.	and talle if applicable (NOTL Regis	stered Agent signature re-	quied when reinstating)	DATE			
		1	<del>-</del>	T =				
i FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Fi		\$5.00 May Be				
	ay 1, 2007 Fee will be \$550.0	Trust Fund Contributi	on. L	Added to Fees	1			
	05510500 4110	B-05-04-000		ADDITIONO (CLANCES TO OF	SIGSEDS AND DIRECTORS IN 44			
10.	OFFICERS AND		11 <u>.                                      </u>	<del> </del>	FICERS AND DIRECTORS IN 11			
TITLE	D	Delete	IILE 🗇	w. Brett Ingersol	Change 🗌 Addition			
NAME	KLEIMAN, DAVID		NAME	w. Brett ingersol	\			
STREET ADDRESS	1 ELMCROFT RD		STREET ADDRESS `	299 PARK Auc	アレコースろ			
CHY-ST-ZIP	STAMFORD, CT 06926		CI1Y-ST-ZIP	Jan 4 ark My	10/7/			
T-171.F	Т	Velete	— — <u>_</u>	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Change Addition			
TITLE	1 '		THLE : P	resident Diosm				
NAME	HELEN, SHAN		HAME	Can larket.				
STREET ADDRESS	1 ELMCROFT RD		STREET ADDRESS	5 4 -	2. Sle 300			
CITY-ST-ZIP	STAMFORD, CT 06926		CITY-ST-ZIP	Sheltm, CT 065	184-6222			
TITLE	DP	[V Delete	TITLE		☐ Change ☐ Addition			
1 NAME	WILLIAMSON, KEITH	•	HAME					
STREET ADDRESS			STREET ADDRESS					
CITY+ST-ZIP	SOUTHINGTON, CT 06489		CITY-SI-ZIP					
├	<del></del> · ·	· · · — — — — ·	CITT-31-ZIF	<del>-</del>				
TITLE	AS	□ Durête	TITLE		Change Addition			
NAME	SEIDEMON, MICHELLE COHN		NAME I					
STREET ADDRESS	27 WATERVIEW DR	l l	STREFT ADDRESS					
. CITY-ST-ZIP	SHELTON, CT 06484	ı	CHY-ST-7IP					
TITLE	AS	[Violete	TITLE		Change Addition			
	!				, д онануе — Е Аоонгон			
NAME	WALCOTT, JOHN		NAME .					
STREET ADDRESS	27 WATERNEW DR		STREET ADDRESS					
CITY ST-ZIP	SHELTON, CT 06484	ı	CITY-ST-ZIP					
TITLE		□ Delete	TITE -		Change Addition			

12. Thereby 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

STREET ADDRESS CHY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE:		LAWRENCE	D. Osmuslin	Pres, Int	203-925	2000
	SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIREC	TOR -	Date	3/,107	Davtime Phone #	