

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000000425

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: PREFERRED SOLUTIONS, INC.

## Current Principal Place of Business:

9301 GULF SHORE DRIVE  
NAPLES, FL 34108 US

## New Principal Place of Business:

6700 WHITE BLOSSOM CIRCLE  
JACKSONVILLE, FL 32258 US

## Current Mailing Address:

9301 GULF SHORE DR  
NAPLES, FL 34108 US

## New Mailing Address:

6700 WHITE BLOSSOM CIRCLE  
JACKSONVILLE, FL 32258 US

FEI Number: 65-0377344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAUL, CHARLOTTE M  
16253 COCO HAMMOCK WAY  
102  
FORT MYERS, FL 33908 US

## Name and Address of New Registered Agent:

PAUL, CHARLOTTE M  
6700 WHITE BLOSSOM CIRCLE  
JACKSONVILLE, FL 32258 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:

01/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PAUL, DEANA C  
Address: 16251 DBULIN CIRCLE #F204  
City-St-Zip: FORT MYERS, FL 33908

Title: S/T ( ) Delete  
Name: PAUL, CHARLOTTE M  
Address: 16253 COCO HAMMOCK WAY #102  
City-St-Zip: FORT MYERS, FL 33908

Title: VP ( ) Delete  
Name: PAUL, BRIAN C  
Address: 2608 OAK GROVE AVE  
City-St-Zip: ST. AUGUSTINE, FL 32092

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PAUL, DEANA C  
Address: 6700 WHITE BLOSSOM CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32258

Title: S/T (X) Change ( ) Addition  
Name: PAUL, CHARLOTTE M  
Address: 6700 WHITE BLOSSOM CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32258

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

I hereby certify that the information supplied with this filing does not qualify 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: CHARLOTTE M PAUL

S/T

01/21/2009

Electronic Signature of Signing Officer or Director

Date