

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000000425

FILED  
Mar 19, 2011  
Secretary of State

Entity Name: PREFERRED SOLUTIONS, INC.

**Current Principal Place of Business:**

6700 WHITE BLOSSOM CIRCLE  
JACKSONVILLE, FL 32258 US

**New Principal Place of Business:**

**Current Mailing Address:**

6700 WHITE BLOSSOM CIRCLE  
JACKSONVILLE, FL 32258 US

**New Mailing Address:**

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  
6700 WHITE BLOSSOM CIRCLE  
JACKSONVILLE, FL 32258 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHARLOTTE M. PAUL

S/T

03/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date