

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90056 014 ***150.00

DOCUMENT # P93000007846



1. Entity Name

BUYER'S PREFERRED, INC.

Principal Place of Business

~~16 WINDWARD ISLES~~
~~PALM BEACH GARDENS FL 33418~~
6918 BRIAR CREEK CT
LAKEWOOD RANCH, FL 34202

Mailing Address

~~16 WINDWARD ISLES~~
~~PALM BEACH GARDENS FL 33418~~

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6918 BRIAR CREEK CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAKEWOOD RANCH

Zip

Country

Zip

Country

34202

MINNAPOLIS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDELMAN, MARTIN R
6918 BRIER CREEK CT.
LAKEWOOD RANCH FL 34202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DPT ☐ Delete
NAME: EDELMAN, MARTIN R
STREET ADDRESS: ~~16 WINDWARD ISLES~~ **6918 BRIAR CREEK CT**
CITY - ST - ZIP: ~~PALM BEACH GARDENS FL~~ **LAKEWOOD RANCH FL 34202**

TITLE: VP ☐ Delete
NAME: EDELMAN, MARC
STREET ADDRESS: 6010 S 6TH ST
CITY - ST - ZIP: TAMPA FL 33611

TITLE: S ☒ Delete
NAME: EDELMAN, GAIL
STREET ADDRESS: ~~16 WINDWARD ISLES~~ **MISTAKE Address**
CITY - ST - ZIP: ~~PALM BEACH FL~~

TITLE: VP ☐ Delete
NAME: EDELMAN, GAIL
STREET ADDRESS: **6918 BRIAR CREEK CT**
CITY - ST - ZIP: **LAKEWOOD RANCH FL 34202**

TITLE: ☐ Delete
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STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ Delete
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STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ Change ☐ Addition
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CITY - ST - ZIP:

12. I hereby 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 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 info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3/26/07 941-373/6981