2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000050331

1. Entity Name
OLD PRINCETON, INC.

Principal Place of Business	Mailing Address
500 AUSTRALIAN AVENUE SOUTH SUITE 120 WEST PALM BEACH, FL 33401-6246	500 AUSTRALIAN AVENUE SOUTH SUITE 120 WEST PALM BEACH, FL 33401-6246

DO NOT WRITE IN THIS SPACE

01292008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0505167	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RHODES, PAUL
500 AUSTRALIAN AVENUE SOUTH
SUITE 120
WEST PALM BEACH, FL 33401-6246

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RHODES, PAUL
STREET ADDRESS	500 AUSTRALIAN AVE SO # 120
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	P
NAME	RHODES, PAUL
STREET ADDRESS	500 AUSTRALIAN AVE SO # 120
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	
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U00000938135
05/27/08-80074-022 150.00

12. I hereby 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.

SIGNATURE: _Paul Rhodes_ Paul Rhodes 4-01-08 561 659-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #