

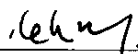


**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90025 016 \*\*\*150 00

<b>DOCUMENT # P97000090417</b>				<b>Secretary of State</b>	
1. Entity Name <b>PREFERRED HOLDING COMPANY, INC.</b>				04-03-2008 90025 016 ***150.00	
Principal Place of Business <b>2255 KILLEARN CENTER BLVD TALLAHASSEE, FL 32309</b>		Mailing Address <b>P.O. BOX 15339 TALLAHASSEE, FL 32317-5339 US</b>		4	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03182008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number <b>59-3485499</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GRAGANELLA, JAMES 2514 MILLSTONE PLANTATION ROAD TALLAHASSEE, FL 32312</b>				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, KEITH		NAME		
STREET ADDRESS	6337 GLASGOW DR.		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE, FL 32312		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATTERSON, JAMES A II		NAME		
STREET ADDRESS	615 WILLOWHURST PLACE		STREET ADDRESS		
CITY- ST- ZIP	LOUISVILLE, KY 40223		CITY- ST- ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAGANELLA, JAMES A		NAME		
STREET ADDRESS	2514 MILLSTONE PLANTATION ROAD		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE, FL 32312		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIERUF, THOMAS A		NAME		
STREET ADDRESS	4013 WHITE BLOSSOM ESTATES		STREET ADDRESS		
CITY- ST- ZIP	LOUISVILLE, KY 40241		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: 		KEITH MARTIN		3/27/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				850-521-0742	