
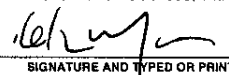


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90081 048 ***150.00

DOCUMENT # P97000096470 1. Entity Name PREFERRED MANAGING AGENCY, INC.					
Principal Place of Business 3360 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308			Mailing Address 3360 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308		
2. Principal Place of Business 2255 KILLEARN CENTER BLVD.		3. Mailing Address P.O. Box 15339			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tallahassee FLORIDA		City & State Tallahassee FLORIDA		4. FEI Number 59-3480242	
Zip 32309		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KARLINSKY, FRED E ESQ. COLODNY, FASS & TALENFELD, P.A. 2000 W. COMMERCIAL BLVD., SUITE 232 FT. LAUDERDALE, FL 33309			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAGANELLA, JAMES 9984 BUCK POINT RD. TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARTIN, KEITH 6337 GLASGOW DR. TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, JAMES A 560 SOUTH OCEAN BLVD. PALM BEACH, FL 33480	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIERUF, THOMAS A 4013 WHITE BLOSSOM ESTATES LOUISVILLE, KY 40241	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, JAMES A II 615 WILLOWHURST PLACE LOUISVILLE, KY 40223	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 CEO 01/16/2004 850-521-0742 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					