
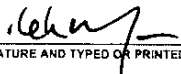


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-03-2008 90025 017 ***150.00

DOCUMENT # P97000096470 1. Entity Name PREFERRED MANAGING AGENCY, INC.					
Principal Place of Business 2255 KILLEARN CENTER BLVD. TALLAHASSEE, FL 32309			Mailing Address P.O. BOX 15339 TALLAHASSEE, FL 32317		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3480242	
Zip		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 SUNDBERG, WILLIAM L ESQ. SUNDBERG & HESSMAN, P.A. 107 WEST 5TH AVENUE TALLAHASSEE, FL 32303			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's signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 2514 MILLSTONE PLANTATION ROAD 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 BAKER, ALAN J 1310 17TH AVE SOUTH BROOKINGS, SD 57006		<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	D BUCHANAN, DONALD D 2223 WYNNEWOOD CIR LOUISVILLE, KY 40222		<input type="checkbox"/> Delete		
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 3/27/08 850-521-0742 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Daytime Phone #</small>					