

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000100468

FILED
Apr 26, 2006
Secretary of State

Entity Name: PREFERRED SHIPPING OF AMERICA, INC.

Current Principal Place of Business:

434 PHILLIPS HWY.
JACKSONVILLE, FL 32207

New Principal Place of Business:

4344 PHILLIPS HWY.
JACKSONVILLE, FL 32207

Current Mailing Address:

434 PHILLIPS HWY.
JACKSONVILLE, FL 32207

New Mailing Address:

4344 PHILLIPS HWY.
JACKSONVILLE, FL 32207

FEI Number: 59-3611350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOWERS, CHRISTIAN
4344 PHILLIPS HWY
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLOWERS, CHRISTIAN
Address: 168 GOVERNORS ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: FLOWERS, GEORGE
Address: 168 GOVERNORS ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: LUKENBACH, STEVE
Address: 168 GOVERNORS ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Delete
Name: COLLACK, RANDY
Address: 168 GOVERNORS ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTIAN FLOWERS

D

04/26/2006

Electronic Signature of Signing Officer or Director

Date