

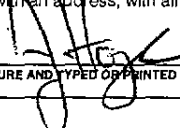


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P00000117122</b>			
1. Entity Name <b>PREFERRED PROPERTY RISK PURCHASING GROUP, INC.</b>			
Principal Place of Business <b>C/O JGS INSURANCE 960 HOLMDEL RD. HOLMDEL, NJ 07733-0409</b>	Mailing Address <b>C/O JGS INSURANCE 960 HOLMDEL RD. HOLMDEL, NJ 07733-0409</b>		
<b>DO NOT WRITE IN THIS SPACE</b>			
		02282005 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>22-3782474</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEXIS DOCUMENT SERVICES 1201 HAYS STREET TALLAHASSEE, FL 32301</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>	
		<b>U000000253988 03/07/05-80055-017 150.00</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAGER, VINCENT J 7 MARC RD WEST LONG BRANCH, NJ 07764		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  <b>Vincent J. Hager, Pres.</b>		Date <b>3/28/05</b> Daytime Phone # <b>888-548-2465 732-294-9800</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	