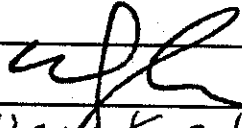


No. C 116318	Due no later than September 30, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable PREFERRED BENEFITS, INC. WILLIAM A. KEZELE 121 ASPENWOOD DRIVE TWIN FALLS, ID 83301		WILLIAM A. KEZELE 121 ASPENWOOD DRIVE TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>William Kezele</td> <td>2108 Summit Pl</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	William Kezele	2108 Summit Pl	Twin Falls	ID	83301
Office held	Name	Street or P.O. Address	City	State	Zip										
Pres.	William Kezele	2108 Summit Pl	Twin Falls	ID	83301										
5. Organized Under the Laws of: IDAHO C 116318	6. Signature  Name (Typed or Printed) <u>William Kezele</u> Date <u>7/16/07</u> Title <u>Pres</u>														

Issued 07/02/2007

Do Not Tape or Staple

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