

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90029 012 \*\*\*143.75

**60037215**



|   |   |                                 |  |                                 |                                   |    |          |
|---|---|---------------------------------|--|---------------------------------|-----------------------------------|----|----------|
| DOCUMENT # L07000111066   |   |                                 |  |                                 |                                   |    |          |
| 1. Entity Name<br>PREMIER WORLDWIDE MARKETING, LLC  |   |                                 |  |                                 |                                   |    |          |
| Principal Place of Business<br>550 BILTMORE WAY, STE 200<br>CORAL GABLES, FL 33134  |   |                                 | Mailing Address<br>PO BOX 557243<br>MIAMI, FL 33255  |                                 |                                   |    |          |
| 2. Principal Place of Business - No P.O. Box #  |   | 3. Mailing Address              |  |                                 |                                   |    |          |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.             |  |                                 |                                   |    |          |
| City & State  |   | City & State                    |  |                                 |                                   |    |          |
| Zip   | Country   | Zip                             | Country  | 4. FEI Number<br>26-1343090     |                                   |    |          |
|   |   |                                 |  | Applied For<br>Not Applicable   |                                   |    |          |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |                                 |  | \$5.00 Additional Fee Required  |                                   |    |          |
| 6. Name and Address of Current Registered Agent   |   |                                 | 7. Name and Address of New Registered Agent          |                                 |                                   |    |          |
| CMS INTERNATIONAL ENTERPRISES, INC.<br>550 BILTMORE WAY<br>200<br>CORAL GABLES, FL 33134  |   |                                 | 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 signature required when reinstating) _____ DATE _____   |   |                                 |  |                                 |                                   |    |          |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75   |   |                                 | Make check payable to<br>Florida Department of State |                                 |                                   |    |          |
| 9. MANAGING MEMBERS / MANAGERS  |   |                                 | 10. ADDITIONS / CHANGES                              |                                 |                                   |    |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGRM<br>THE MARKETING HOUSE LLC<br>3500 SOUTH DUPONT HIGHWAY<br>DOVER, DE 19901 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |    |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |    |          |
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| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of this limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |                                 |  |                                 |                                   |    |          |
| SIGNATURE:  |   |                                 | 04/30/08   |                                 |                                   |    |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |                                 | Date Daytime Phone #                                 |                                 |                                   |    |          |