

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000121558

FILED
Apr 30, 2008
Secretary of State

Entity Name: PREMIUM RELOCATION SERVICES, INC.

Current Principal Place of Business:

5669 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33076 US

New Principal Place of Business:

Current Mailing Address:

5669 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33076 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILAKOVIC, JOHN
10240 NW 52ND STREET
CORAL SPRINGS, FL 33076 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: COO () Delete
Name: MILAKOVIC, JOHN
Address: 10240 NW 52ND STREET
City-St-Zip: CORAL SPRINGS, FL 33076

Title: CEO () Delete
Name: BISH, TAB
Address: 873 NOTTINGHAM STREET
City-St-Zip: ORLANDO, FL 32803

Title: P () Delete
Name: AMBRIDGE, KATHLEIN
Address: 7307 SHELLRIDGE TERRACE
City-St-Zip: LAKE WORTH, FL 33467

Title: CTO () Delete
Name: YATES, BARBARA
Address: 192 25TH STREET BHR
City-St-Zip: OKEECHOBEE, FL 34974

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 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: BARBARA YATES

CTO

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date