

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000037432

FILED  
Apr 22, 2011  
Secretary of State

Entity Name: PREMIERE THERAPEUTICS, INC.

**Current Principal Place of Business:**

14229 SW 291 LANE  
HOMESTEAD, FL 33033 US

**New Principal Place of Business:**

**Current Mailing Address:**

14229 SW 291 LANE  
HOMESTEAD, FL 33033 US

**New Mailing Address:**

FEI Number: 90-0357861

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBERTS, MICHAEL J  
14229 SW 291 LANE  
HOMESTEAD, FL 33033 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROBERTS, MICHAEL  
Address: 14229 SW 291 LANE  
City-St-Zip: HOMESTEAD, FL 33033 US

Title: VP  
Name: ROBERTS, MICHAEL  
Address: 14229 SW 291 LANE  
City-St-Zip: HOMESTEAD, FL 33033 US

Title: T, S  
Name: ROBERTS, MICHAEL  
Address: 14229 SW 291 LANE  
City-St-Zip: HOMESTEAD, FL 33033 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL ROBERTS

P

04/22/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date