

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000010830

FILED
Feb 14, 2006
Secretary of State

Entity Name: PREMIER SYSTEM SOLUTIONS, INC.

Current Principal Place of Business:

13700 MCCORMICK DRIVE
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

4679 TAMWORTH DRIVE
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 59-3423483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MICHAELS, THOMAS O
1370 PINEHURST ROAD
DUNEDIN, FL 34698 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: VP () Delete
Name: FIERBAUGH, NORMAN R
Address: 4679 TAMWORTH DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: PTSD () Delete
Name: STOCKWELL, ROBERT S
Address: 1235 LAGOON RD
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VPOP () Delete
Name: KNOWLES, DONALD
Address: 3909 ERNE ST.
City-St-Zip: PALM HARBOR, FL 34683

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT STOCKWELL

PTSD

02/14/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date