


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90152 040 ***150.00

DOCUMENT # S38726

1. Entity Name
PREMIER '91 CORP.



Principal Place of Business Mailing Address
C/O PETER LAWRENCE COMM RE **C/O PETER LAWRENCE COMM RE**
4710 EISENHOWER BLVD., C-1 **4710 EISENHOWER BLVD., C-1**
TAMPA, FL 33634 **TAMPA, FL 33634**

50012261



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03132006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3060445 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAMS, ALLAN
4710 EISENHOWER BLVD
SUITE C1
TAMPA, FL 33634

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> Delete
NAME	ABRAMS, ALLAN	
STREET ADDRESS	4710 EISENHOWER BLVD., SUITE C-1	
CITY - ST - ZIP	TAMPA, FL 33634	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ABRAMS, ELAINE	
STREET ADDRESS	4710 EISENHOWER BLVD., SUITE C-1	
CITY - ST - ZIP	TAMPA, FL 33634	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LLEWELLYN, ROBERTA	
STREET ADDRESS	4710 EISENHOWER BLVD., SUITE C-1	
CITY - ST - ZIP	TAMPA, FL 33634	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	SHAPIRO, JAMES J.	
STREET ADDRESS	4710 EISENHOWER BLVD., C-1	
CITY - ST - ZIP	TAMPA, FL 33634	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOOVER, KRISTOPHER M	
STREET ADDRESS	4710 EISENHOWER BLVD STE C-1	
CITY - ST - ZIP	TAMPA, FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kristopher Hoover 3/13/06 813-889-8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #