2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004368

Entity Name: PREMIER WAREHOUSING SERVICES, INC.

FILED Apr 09, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
3801 SUNSET AVENUE ROCKY MOUNT, NC 27804					
Current Mailing Address:			New Mailing Address:		
PO BOX 7927 ROCKY MOUNT, NC 27804					
FEI Number:	56-1993091	FEI Number Applied For () FEI Num	nber Not Appli	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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:					
	Electroni	s Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	PD () I JONES II, WILLI. 3801 SUNSET A' ROCKY MOUNT,	VENUE	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition JONES II, WILLIAM H 3801 SUNSET AVENUE PO BOX 7927 ROCKY MOUNT, NC	
Title: Name: Address: City-St-Zip:	VCD () I BAYLESS, KIM L 3801 SUNSET A' ROCKY MOUNT,	VENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () I JONES, GEORG 3801 SUNSET A' ROCKY MOUNT,	VENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS () I PITTMAN, JAME: 3801 SUNSET A' ROCKY MOUNT,	VENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CFO () I WILLIAMS, DEB 3801 SUNSET A' ROCKY MOUNT,	VENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	MGR () Change (X) Addition PAULA, CARBONE PO BOX 7927 ROCKY MOUNT, NC 27804	

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: PAULA CARBONE MGR 04/09/2008