2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2004 08:00 AM Secretary of State

| DOCUMENT # F0000006129 1. Entity Name PREMIER PROFESSIONAL SYSTEMS, INC. | | | | | Secretary of State | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------|-----------------------------------|--------------------------------|----------------------|-------------------------|--|
| 7047 OLD M SUITE 350 | Principal Place of Business Mailing Address 7047 OLD MADISON PIKE 7047 OLD MADISON PIKE SUITE 350 SUITE 350 HUNTSVILLE, AL 35806 HUNTSVILLE, AL 35806 | | | | | | 1 (1216 121002) 16 1202 | |
| DO NOT WRITE IN THIS SPA | | | CE | 02182004 4. FEI Numb 63-101 | No Chg-P | CR2E034 (1 | | |
| | 6. Name and Address of Current Reg | * · · · · · · · · · · · · · · · · · · · | · Li di | | of Status Desired | | 5 Additional equired | |
| HUGHEY, FREDDIE FLORIDA NATIONAL GUARD 11700 NW 27TH AVENUE MIAMI, FL 33167-2698 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it appticable. (NOTE Registered Agent algresure required when reinstating) DATE | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution. | | | noing D | 55.00 May Be Added to Fees | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | OFFICERS AND DIFI PCD HENDERSON, JANNIFER J 7047 OLD MADISON PIKE, SUITE 3 HUNTSVILLE, AL 35806 SD HENDERSON III, RILEY 7047 OLD MADISON PIKE, SUITE 3 HUNTSVILLE, AL 35806 | 50 <u>u</u> | | | U000000 92/23/ 04- 8 | 0138-001 0138-001 | 150.00 | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | 1 | DO | NOT W | RITE | | |

12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my stream shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the repelver or trustee employered 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 attack the highest proportion of the corporation of the

SIGNATURE: _

STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

WINT SAND AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-04 (25/2)911-200

IN THIS SPACE