

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006858

Entity Name: PREMIER RECOVERY, INC.

FILED
Jan 06, 2005
Secretary of State

Current Principal Place of Business:

525 WEST 5TH STREET
STE 110
COVINGTON, KY 41011262

New Principal Place of Business:

Current Mailing Address:

525 WEST 5TH STREET
COVINGTON, KY 41011262

New Mailing Address:

FEI Number: 61-1072651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: PARTON, ERNEST
Address: 11023 HARRISON WAY
City-St-Zip: WALTON, KY 41094

Title: VP () Delete
Name: PARTON, MARY M
Address: 11023 HARRISON WAY
City-St-Zip: WALTON, KY 41094

Title: S () Delete
Name: MCDERMOTT, RONALD
Address: 27 E 4TH ST.
City-St-Zip: COVINGTON, KY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PARTON, ERNEST
Address: 525 WEST 5TH ST SUITE 110
City-St-Zip: COVINGTON, KY 41011

Title: VP (X) Change () Addition
Name: PARTON, MARY M
Address: 525 WEST 5TH ST. SUITE 110
City-St-Zip: COVINGTON, KY 41011

Title: S (X) Change () Addition
Name: MCDERMOTT, RONALD
Address: 27 E 4TH ST.
City-St-Zip: COVINGTON, KY 41011

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ERNEST P PARTON

PRES

01/06/2005

Electronic Signature of Signing Officer or Director

Date