


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000003293 1. Entity Name S I PREMIUM PLAN, INC.	
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Principal Place of Business PO BOX 8010 GOLDSBORO, NC 27533-8010	Mailing Address PO BOX 8010 GOLDSBORO, NC 27533-8010
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01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2091871	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRUIKSHANK, DAVID C 4730 SR 64 EAST BRADENTON, FL 34208	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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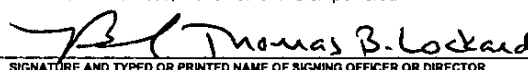
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STRICKLAND, ROBERT W 133 QUAIL CROFT DR. GOLDSBORO, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRICKLAND, ROBERT C 141 QUAIL CROFT DR. GOLDSBORO, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TILLMAN, MARIANNA S 140 QUAIL CROFT DR. GOLDSBORO, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LOCKARD, THOMAS B 117 MILL RUN PL GOLDSBORO, NC 27534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YARBROUGH, RICHARD C 116 DEERBORN DR. GOLDSBORO, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AYCOCK, L. PAUL 132 QUAIL CROFT DR. GOLDSBORO, NC

U00000593457
01/22/07-80030-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/07
Date

919 759-3276
Daytime Phone #