

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003064

FILED  
May 19, 2006  
Secretary of State

Entity Name: PREMIUM RETAIL SERVICES, INC.

## Current Principal Place of Business:

618 SPIRIT DRIVE, SUITE 200  
CHESTERFIELD, MO 63005

## New Principal Place of Business:

## Current Mailing Address:

618 SPIRIT DRIVE, SUITE 200  
CHESTERFIELD, MO 63005

## New Mailing Address:

FEI Number: 43-1624440

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: PS ( ) Delete  
Name: TRAVERS, BRIAN  
Address: 1158 WILDHORSE MEADOWS DRIVE  
City-St-Zip: CHESTERFIELD, MO 63005

Title: V ( ) Delete  
Name: TRAVERS, KEVIN  
Address: 1564 HIGHLAND VALLEY CIRCLE  
City-St-Zip: CHESTERFIELD, MO 63005

Title: CD ( ) Delete  
Name: TRAVERS, RONALD  
Address: 17706 CHAISTAIN COURT  
City-St-Zip: CHESTERFIELD, MO 63005

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIAN TRAVERS

PS

05/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date