

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003064

FILED
Jul 11, 2007
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 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

07/11/2007

Electronic Signature of Signing Officer or Director

Date