


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90040 025 ***150.00

DOCUMENT # F05000002916					
1. Entity Name FIRST PREMIUM INC.					
Principal Place of Business 72060 RAMOS AVENUE COVINGTON, LA 70434			Mailing Address 72060 RAMOS AVENUE COVINGTON, LA 70434		
2. Principal Place of Business - No P.O. Box # 190 NEW CAMELLIA BLVD.		3. Mailing Address P.O. Box 1688			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State COVINGTON, LA		City & State COVINGTON, LA		4. FEI Number 72-0865218	
Zip 70433		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
Zip 70433		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATERS, AUDREY L 1939 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33305			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PELLIGRINI, JAY A JR 72060 RAMOS AVENUE COVINGTON, LA 70434	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PELLEGRINI, JAY A. JR. 190 NEW CAMELLIA BLVD. COVINGTON, LA 70433
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PELLIGRINI, GREG A 72060 RAMOS AVENUE COVINGTON, LA 70434	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PELLEGRINI, GREG A. 190 NEW CAMELLIA BLVD. COVINGTON, LA 70433
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JENKINS, RICHARD W 72060 RAMOS AVENUE COVINGTON, LA 70434	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JENKINS, RICHARD W. 190 NEW CAMELLIA BLVD. COVINGTON, LA 70433
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 _____			4/02/07 985-892-7428		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		