


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90119 047 \*\*\*150.00

<b>DOCUMENT # F05000002916</b>	
1. Entity Name <b>FIRST PREMIUM INC.</b>	

Principal Place of Business <b>190 NEW CAMELLIA BLVD COVINGTON, LA 70433 US</b>	Mailing Address <b>P.O. BOX 1688 COVINGTON, LA 70434 US</b>
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**DO NOT WRITE IN THIS SPACE**

03042008 No Chg-P CR2E034 (11/05)	
4. FEI Number <b>72-0865218</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WATERS, AUDREY L 1939 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33305</b>	
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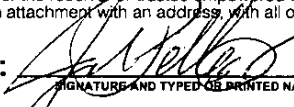
**DO NOT WRITE IN THIS SPACE**

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 _____	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	NAME <b>PELLIGRINI, JAY A JR</b>
STREET ADDRESS <b>190 NEW CAMELLIA BLVD</b>	CITY-ST-ZIP <b>COVINGTON, LA 70434</b>
TITLE <b>ST</b>	NAME <b>PELLIGRINI, GREG A</b>
STREET ADDRESS <b>190 NEW CAMELLIA BLVD</b>	CITY-ST-ZIP <b>COVINGTON, LA 70433</b>
TITLE <b>VP</b>	NAME <b>JENKINS, RICHARD W</b>
STREET ADDRESS <b>190 NEW CAMELLIA BLVD</b>	CITY-ST-ZIP <b>COVINGTON, LA 70433</b>
TITLE <b></b>	NAME <b></b>
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>
TITLE <b></b>	NAME <b></b>
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>

**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: 	DATE: <b>3/1/08</b> DAYTIME PHONE: <b>985 892-7428</b>