



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90069 002 \*\*\*158.75

<b>DOCUMENT # F05000003541</b>					
<b>1. Entity Name</b> <b>PREMIER FLAG AND BANNER INC.</b>					
<b>Principal Place of Business</b> 4580 PGA BOULEVARD, SUITE 201 PALM BEACH GARDENS, FL 33418			<b>Mailing Address</b> 4580 PGA BOULEVARD, SUITE 201 PALM BEACH GARDENS, FL 33418		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01312006    Chg-P    CR2E034 (11/05)	
City & State		City & State		<b>4. FEI Number</b> 20-1002956	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
FEREZY, ADAM 4580 PGA BOULEVARD, SUITE 201 PALM BEACH GARDENS, FL 33418				Name Street Address (P.O. Box Number is Not Acceptable) City	
FEREZY, ADAM 4580 PGA BOULEVARD, SUITE 201 PALM BEACH GARDENS, FL 33418				FL    Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BROWN, ROBERT 118 HAZELNUT COURT MELVILLE, NY 11747	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP FEREZY, JASON 43 HONEYSUCKLE COURT MELVILLE, NY 11747	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MELANIE 118 HAZELNUT COURT MELVILLE, NY 11747	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FEREZY, ADAM 870 WINDERMERE DRIVE PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FEREZY, ADAM 108 SAN VINCENTE PLACE PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP FEREZY, JASON 112 LAUIDA COURT PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOLBRENER, BRUCE 7 LINBROOK DRIVE LAURENCE HARBOR NJ 08879	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FEREZY, ADAM 108 SAN VINCENTE PLACE PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <u>Adam Ferezy</u> <u>2/3/06</u> <u>631-824-9095</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					