

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000291

Entity Name: PREMO GROUP INC.

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

1880 WEST OAK PARKWAY, BLDG 100, STE 106
MARIETTA, GA 30062

New Principal Place of Business:

Current Mailing Address:

1880 WEST OAK PARKWAY, BLDG 100, STE 106
MARIETTA, GA 30062

New Mailing Address:

FEI Number: 52-2127793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR, STE 4
WESTON, FL 33331 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: DPT () Delete
Name: SEVERN, SHAWN R
Address: 8445 ADAMS GROVE STREET
City-St-Zip: LAS VEGAS, NV 89139

Title: V () Delete
Name: SCOTT, EARL H
Address: 1880 WEST OAK PARKWAY, BLDG 100, STE 106
City-St-Zip: MARIETTA, GA 30062

Title: S () Delete
Name: NULL, HEATHER A
Address: 1880 WEST OAK PARKWAY, BLDG 100, STE 106
City-St-Zip: MARIETTA, GA 30062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: SEVERN, SHAWN R
Address: 8445 ADAMS GROVE STREET
City-St-Zip: LAS VEGAS, NV 89139

Title: P (X) Change () Addition
Name: SCOTT, EARL H
Address: 1880 WEST OAK PARKWAY, BLDG 100, STE 106
City-St-Zip: MARIETTA, GA 30062

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: HEATHER A NULL

S

01/15/2009

Electronic Signature of Signing Officer or Director

Date