## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000004960

Entity Name: FFI PREMIUMS, INC.

FILED Apr 29, 2008 Secretary of State

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Current Pi	rincipal Place	e of Business:	New Prince	New Principal Place of Business:		
	OOPER RD. DWN, PA 194	03				
Current M	ailing Addres	ss:	New Maili	New Mailing Address:		
901 S. TROOPER RD. NORRISTOWN, PA 19403			C/O CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			
FEI Number:	20-4927503	FEI Number Applied For ( )	FEI Number Not App	Certificate of Status Desired ( )		
Name and	Address of 0	Current Registered Agent:	Name and	d Address of New Registered Agent:		
1201 HAYS TALLAHAS	S STREET SSEE, FL 323					
The above in the State		submits this statement for the p	ourpose of changing i	its registered office or registered agent, or bot		
SIGNATUR	RE:					
		nic Signature of Registered Age	ent	Date		
Election Can	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PTC ( EPSTEIN, DAV 901 S. TROOP NORRISTOWN	ER RD.	Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition EPSTEIN, DAVID 901 S. TROOPER RD. NORRISTOWN, PA 19403		
Title: Name: Address: City-St-Zip:	VSVC ( GORDON, PET 901 S. TROOP NORRISTOWN	ER RD.	Title: Name: Address: City-St-Zip:	VPSD (X) Change ( ) Addition GORDON, PETER J 901 S. TROOPER RD. NORRISTOWN, PA 19403		
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition PEDITTO, FRANK 901 SOUTH TROOPER ROAD NORRISTOWN, PA 19403		
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition STRUNIN, RICHARD 2950 N 28TH TERRACE HOLLYWOOD, FL 33020		
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition CHRISTENSEN, STEVE 2950 N 28TH TERRACE HOLLYWOOD, FL 33020		

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:	DAVID EPSTEIN	Р	04/29/2008