


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000005873 1. Entity Name PREMIER DESIGNS, INC.	
--	---

Principal Place of Business 1551 CORPORATE DRIVE IRVING, TX 75038	Mailing Address 1551 CORPORATE DRIVE IRVING, TX 75038
---	---



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2074326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE
---	--	------

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORNER, ANDREW J 1551 CORPORATE DRIVE IRVING, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDEV HORNER, JOAN V 1551 CORPORATE DRIVE IRVING, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD JOHNSON, JAMES A 1551 CORPORATE DRIVE IRVING, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNER, THOMAS W 1551 CORPORATE DRIVE IRVING, TX 75038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAPER, JAMES R 1551 CORPOATE DRIVE IRVING, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

0000001313535
04/18/05-80128-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	4-11-05	972-550-0966
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>