

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K57768

Entity Name: PREMIER BRUSH, INC.

FILED
Mar 23, 2006
Secretary of State

Current Principal Place of Business:

2500 MINNESOTA AVENUE
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 15695
PANAMA CITY, FL 32406 US

New Mailing Address:

FEI Number: 59-2924594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBERT J. STOPKA, III E
108 MOSLEY DRIVE
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

STOPKA, ALBERT J III
108 MOSLEY DRIVE
LYNN HAVEN, FL 32444 US

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: ALBERT J. STOPKA, III

03/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: STOPKA, ALBERT J., J, R.
Address: 2500 MINNESOTA AVENUE
City-St-Zip: LYNN HAVEN, FL

Title: V () Delete
Name: ALBERT J. STOPKA, III
Address: 108 MOSLEY DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: V () Delete
Name: STOPKA, BRIAN J SR
Address: 2500 MINNESOTA AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: SD () Delete
Name: STOPKA, NANCY M
Address: 2500 MINNESOTA AVE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: STOPKA, ALBERT J JR.
Address: 2500 MINNESOTA AVENUE
City-St-Zip: LYNN HAVEN, FL

Title: V (X) Change () Addition
Name: STOPKA, ALBERT J III
Address: 108 MOSLEY DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIAN J. STOPKA, SR.

V

03/23/2006

Electronic Signature of Signing Officer or Director

Date