2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# L03000047937

Entity Name: PREMIER INSURANCE BENEFITS, LLC.

Current Principal Place of Business:

2575 ULMERTON ROAD
SUITE # 350
CLEARWATER, FL 337623365 US

New Principal Place of Business:

1000 118TH AVENUE NORTH
SUITE 1000
ST. PETERSBURG, FL 337162332 US

Current Mailing Address:

2575 ULMERTON ROAD
SUITE # 350
CLEARWATER, FL 337623365 US

New Mailing Address:

1000 118TH AVENUE NORTH
SUITE 1000
ST. PETERSBURG, FL 337162332 US

FEI Number: 41-2109377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KADOURA, BRUCE
2575 ULMERTON ROAD
SUITE # 350
CLEARWATER, FL 337623365 US

Name and Address of New Registered Agent:

KADOURA, BRUCE
1000 118TH AVENUE NORTH
SUITE 1000
ST. PETERSBURG, FL 337162332 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: 04/19/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SCHMIDT, DALE F
Address: 2575 ULMERTON ROAD SUITE # 350
City-St-Zip: CLEARWATER, FL 337623365 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SCHMIDT, DALE F
Address: 1000 118TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 337162332 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DALE F SCHMIDT CEO 04/19/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date