2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 12, 2007 08:00 AM Secretary of State

ANNUAL REPORT			Jan 12, 2007 00;00	
DOCUMENT # L04000022456			Secretary of Sta	l
1. Entity Name PREMIER INTEGRATED SOLUTIONS, LLC				
FREMIER MILONALED SOL	0110110, EE0			
Principal Place of Business	Mailing Address	- The state of the		
204 GALE LANE, P.O. BOX 69	204 GALE LANE, P.O. BOX 69			
KENNETT SQUARE, PA 19348	KENNETT SQUARE, PA 19348			
	<u> </u>			
DO NOT WRITE IN THIS SPACE				
		CE	01042007 No Chg-LLC CR2E083 (11/05)	
			4. FEI Number Applied For	-
			55-0861249 Not Applicable South Project \$5.00 Additional	ł
	<u> </u>		5. Certificate of Status Desired	:
6. Name and Address of	Current Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE	
		IN THIS SPACE		
			IN THIS SPACE	
O Touris and and the school of the school	amount for the autorior of sharping its projector	od office or register	red agent, or both, in the State of Florida. I am familiar with, and accept	
the obligations of registered agent.	latisett to: tile börbose ot etimillisid im teðletau	act curics or rediving	ed agons, of som, and didle of harder, harmonine man, and accordi	
SIGNATURE Signature, typed or printed name of regis	NOT S	d Agent signature required	swhon rounstating) DATE	-
Signature, typed or printed name or regis	served addess and 106.8 debaseable. Who is well-stone	d wilest zillismus tednuer	s water runnings	-
Filing Fee is \$50.00 Due by May 1, 2007				
9. MANAGINO	MEMBERS/MANAGERS	<u> </u>	<u></u>	_
TITLE MGR				
NAME MUSSER, THOMAS STREET ADDRESS 204 GALE LANE				
CITY-SI-ZIP KENNETT SQUARE, PA	19348		U00000584225	
TITLE MGR NAME HORN, JAMES			01/12/07-80028-016 50.00	
STREET ADDRESS 204 GALE LANE				
CITY-ST-ZEP KENNETT SQUARE, PA	19348	1		
NAME		•		
STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE	
TITLE			IN THIS SPACE	
NAME STREET ADDRESS				
CITY-ST-ZIP		1		
THE NAME				
STREET ADDRESS		1		
CITY-ST-ZIP		1		

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and exceptate and that my 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.

THILE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

DOBERT GOSE VP CFO 1-4-07 610 444 100 U

SIGNATURE:

DESCRIPTION OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

DESCRIPTION OF DESCRIP