2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2009
Secretary of State

DOCUMENT# L05000042519

Entity Name: PREMIUM PAIN RELIEF LLC

Current Principal Place of Business:

2114 N FLAMINGO ROAD. #185
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

2114 N FLAMINGO ROAD. #185
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 20-2786612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STCLAIR, SHANNON S
2114 N FLAMINO ROAD #185
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

STCLAIR, SHANNON S
2114 N FLAMINGO ROAD #185
PEMBROKE PINES, FL 33028 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: SHANNON STCLAIR 05/15/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: STCLAIR, JOHN B
Address: 2114 N FLAMINO ROAD. #185
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGRM ( ) Delete
Name: STCLAIR, SHANNON S
Address: 2114 N FLAMINO ROAD. #185
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: STCLAIR, JOHN B
Address: 2114 N FLAMINGO ROAD. #185
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGRM (X) Change ( ) Addition
Name: STCLAIR, SHANNON S
Address: 2114 N FLAMINGO ROAD. #185
City-St-Zip: PEMBROKE PINES, FL 33028

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 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: SHANNON STCLAIR MGRM 05/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date