2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099293

Entity Name: PREMIUM REDUCTION INSPECTIONS, LLC

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6439 CENTRAL AVENUE

SAINT PETERSBURG, FL 337108411 US

Current Mailing Address: New Mailing Address:

P.O. BOX 40912

SAINT PETERSBURG, FL 337430912 US

FEI Number: 26-1160155 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SIMONE, STEPHEN 6439 CENTRAL AVENUE SAINT PETERSBURG, FL 337108411 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: ASHTON, MICHAEL Name: GALLITE, KEIR

Address: PO BOX 40912 Address: 4225 CENTRAL AVENUE

City-St-Zip: SAINT PETERSBURG, FL 33710 US City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: GALLITE, KEIR Name: ASHTON, MICHAEL
Address: 4225 CENTRAL AVENUE Address: PO BOX 40912

City-St-Zip: SAINT PETERSBURG, FL 33713 US City-St-Zip: SAINT PETERSBURG, FL 33710 US

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: MICHAEL ASHTON MGRM 04/30/2008