


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90045 015 ***150.00

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|--|---|--|--|--|--|
| DOCUMENT # L15250 1. Entity Name PREMIER CONSULTING GROUP, INC. | | | |  | |
| Principal Place of Business 15500 ORLANDA DR BONITA SPRINGS, FL 34135 US | | | Mailing Address 15500 ORLANDA DR BONITA SPRINGS, FL 34135 US | | |
| 2. Principal Place of Business - No P.O. Box # 2512 SUTHERLAND COURT | | 3. Mailing Address 2512 SUTHERLAND COURT | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State CAPE CORAL FL | | City & State CAPE CORAL, FL. | | 4. FEI Number 65-0151626 | |
| Zip 33991 | | Country LEE | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 33991 | | Country LEE | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BLOCK, ROBERT E. 15500 ORLANDA DR BONITA SPRINGS, FL 34135 | | | 7. Name and Address of New Registered Agent Name ROBERT E. BLOCK Street Address (P.O. Box Number is Not Acceptable) 2512 SUTHERLAND COURT City CAPE CORAL FL Zip Code 33991 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Robert E. Block</i></u> ROBERT E. BLOCK <u>1-17-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees <small>Trust Fund Contribution.</small> | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST <input type="checkbox"/> Delete BLOCK, ROBERT E. 6840 HUNTINGTON LAKES CIRCLE #202 NAPLES, FL 34119 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT E. BLOCK 2512 SUTHERLAND COURT CAPE CORAL FL 33991 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u><i>Robert E. Block</i></u> ROBERT E. BLOCK <u>1-17-08</u> 239-777-8877 CELL <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |