

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M67846

FILED
Feb 20, 2009
Secretary of State

Entity Name: PREMIER TOOL & MOLD, INC.

Current Principal Place of Business:

12545 CREEKSIDE DR.
LARGO, FL 33773 US

New Principal Place of Business:

Current Mailing Address:

12545 CREEKSIDE DR.
LARGO, FL 33773 US

New Mailing Address:

FEI Number: 59-2866703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELLI FRAINE, GRACE I.
12545 CREEKSIDE DR.
LARGO, FL 33773 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DELLI FRAINE, GRACE, I.
Address: 14376 83RD PLACE
City-St-Zip: SEMINOLE, FL

Title: D () Delete
Name: DELLI FRAINE, FRANCO,
Address: 14376 83RD PLACE
City-St-Zip: SEMINOLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DELLI FRAINE, GRACE, I.
Address: 14376 83RD PLACE
City-St-Zip: SEMINOLE, FL 33776

Title: D (X) Change () Addition
Name: DELLI FRAINE, FRANCO,
Address: 14376 83RD PLACE
City-St-Zip: SEMINOLE, FL 33776

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACE I. DELLI FRAINE

D

02/20/2009

Electronic Signature of Signing Officer or Director

Date