2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 17, 2008 08:00 Al Secretary of State DOCUMENT # M67951 1. Entity Name PREMIERE BUILDING SERVICES, INC. Principal Place of Business Mailing Address 1945 NE 207 ST P O BOX 488 HALLANDALE, FL 33008 US MIAMI, FL 33179 04142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0025998 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREENSPAN, DONNA DO NOT WRITE 1945 NE 207 ST. NORTH MIAMI BEACH, FL 33179 IN THIS SPACE 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. Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 000000903249 TITLE 04/30/08-80038-020 150.00 GREENSPAN, DONNA NAME 1945 NE 207TH ST STREET ADDRESS CITY-ST-ZIP MIAM!, FL 33179 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, Florida Statutes. I further certify that the information indicated on this report of 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 gifted the ampowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

FILED