



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000032992 1. Entity Name PREMIER MANAGEMENT CORPORATION						FILED 06 FEB -6 PM 12:30 TALLAHASSEE, FLORIDA  REINSTATEMENT 05-06 01312006 REIN-P CR2E098 1/05	
Principal Place of Business 246 LAKE ARBOR DR PALM SPRINGS, FL 33461				Mailing Address 246 LAKE ARBOR DR PALM SPRINGS, FL 33461			
2. Principal Place of Business 337 Bayside Rd Suite, Apt. #, etc.		3. Mailing Address 337 Bayside Rd Suite, Apt. #, etc.		4. FEI Number 65-1006716 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
City & State PALM SPRINGS FL		City & State PALM SPRINGS FL					
Zip 33461		Zip 33461					
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROBLEDO, JOSE 246 LAKE ARBOR DRIVE PALM SPRINGS, FL 33461				7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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>J. Robledo</i></u> 1/31/06 <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 \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROBLEDO, JOSE 246 LAKE ARBOR DR PALM SPRINGS, FL 33461 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	500066895535 03/01/06--01014--012 ***900.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBELDO, AMANDA 246 LAKE ARBOR DR PALM SPRINGS, FL 33461 <input type="checkbox"/> Delete <i>please correct LAST NAME TO ROBLEDO</i>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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		
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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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		
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>J. Robledo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/31/06 561-632-5434 <small>Date Daytime Phone</small>			