

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Aug 08, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P01000001144**

1. Entity Name  
**PREMIERE MARKETING GROUP, INC.**



Principal Place of Business

**1312 COMMERCE LANE  
15A  
JUPITER, FL 33458**

Mailing Address

**1312 COMMERCE LANE  
15A  
JUPITER, FL 33458**



07112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1063943**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**MADEY, JOHN  
1312 COMMERCE LANE  
STE. 15-A  
JUPITER, FL 33458**

**DO NOT WRITE  
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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/25/05**

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	MADEY, KELLY
STREET ADDRESS	1312 COMMERCE LANE, STE. 15-A
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	
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U000000375826  
08/08/05-80006-010 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/25/05**

**561-745-7705**