

FILED

05-28-2002 90724 046 ***150.00

1. Entity Name
PREMIER BUILDINGS, INC.

2. Principal Place of Business 1495 Seminola Blvd. Suite, Apt. #, etc. #10 City & State Casselberry, FLORIDA Zip 32707 Country USA		3. Mailing Address SAME Suite, Apt. #, etc. City & State B Zip Country	
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DO NOT WRITE IN THIS SPACE

<p>6. Name and Address of Current Registered Agent</p> <p>LANDIS, DAVID M MATEER & HARBERT, P.A. 225 E ROBINSON ST, SUITE 600 ORLANDO FL 32801</p>	<p>7. Name and Address of New Registered Agent</p> <p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>City</p>	<p>Zip Code</p>
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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.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete SILLS, SCOTT 2707 FOREST VIEW LANE KISSIMEE FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President Tom Fears 3092 Teho ST Sorrento, FL 32776
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
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
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

13. I hereby certify that the information submitted with this report or supplement 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 thereof; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with authority to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I am like empowered.

[Signature]

President

SIGNATURE:

SIC
SIGNATURE

RECEIVED
NAME OF SIGNING OFFICIAL DIRECTOR

2-5-2 407-695-3100
Date Daytime Phone #

CR2E034 (9/01)