

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000071971

FILED
Apr 25, 2006
Secretary of State

Entity Name: PREMIER SOFTWARE CONSULTING, INC.

Current Principal Place of Business:

1225 WEST BEAVER STREET
SUITE 203
JACKSONVILLE, FL 32204

New Principal Place of Business:

1225 WEST BEAVER STREET
SUITE 203
JACKSONVILLE, FL 32204 US

Current Mailing Address:

1225 WEST BEAVER STREET
SUITE 203
JACKSONVILLE, FL 32204

New Mailing Address:

1225 WEST BEAVER STREET
SUITE 203
JACKSONVILLE, FL 32204 US

FEI Number: 01-0726137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTREPID REGISTERED AGENT SERVICES LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 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: PSTD () Delete
Name: FOX, JULIA
Address: 336 N. LOMBARDY LOOP
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: FOX, JULIA
Address: 336 N. LOMBARDY LOOP
City-St-Zip: JACKSONVILLE, FL 32259 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIA FOX

PSTD

04/25/2006

Electronic Signature of Signing Officer or Director

Date