

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90156 027 ***150.00

DOCUMENT # P02000129502	
1. Entity Name Premier Development, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 Crispin St	3. Mailing Address PO Box 542086
Suite, Apt. #, etc.	Suite, Apt. #, etc.

50009298

DO NOT WRITE IN THIS SPACE

City & State Merritt Island, FL	City & State Merritt Island, FL
Zip 32952	Zip 32954
Country Brevard	Country Brevard

4. FEI Number 16-1644458	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Donna Ghaneie
Street Address (P.O. Box Number is Not Acceptable) 100 Crispin St
City Merritt Island, FL
Zip Code 32952

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE President	NAME Mansoor Ghaneie
STREET ADDRESS 100 Crispin St, Merritt Island, FL	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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

SIGNATURE:

MANSOOR GHANEIE Mansoor Ghaneie 3/6/06 321-446-3371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #