

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000034182

1. Entity Name
PREMIER VENTURES, INC.



1Principal Place of Business
380 S. STATE ROAD 434
SUITE 1004-344
ALTAMONTE SPRINGS, FL 32714

Mailing Address
380 S. STATE ROAD 434
SUITE 1004-344
ALTAMONTE SPRINGS, FL 32714

FILED
03 OCT 27 PH 4:11

FLORIDA STATE
TALLAHASSEE, FLORIDA



09172008 No Chg-P CR2E034 (11/05)

| | |
|--|-------------------------------|
| 4. FEI Number 71-0940730 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TREFZ, JEANNE L
380 S. STATE ROAD 434
SUITE 1004-344
ALTAMONTE SPRINGS, FL 32714

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME TREFZ, JEANNE L
STREET ADDRESS 380 S. STATE ROAD 434
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D
NAME PEAVEY, ALBERT C
STREET ADDRESS 380 S. STATE ROAD 434
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: x *Jeanne L. Trefz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeanne L. Trefz 10/22/08 321-231-2240

Date

Daytime Phone #

10/22/08