


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

4/

**FILED**  
**May 26, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90204 020 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P03000054648</b><br>1. Entity Name<br><b>PREMIER HOME OPTIONS, INC.</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>950 1ST STREET SOUTH<br/>103<br/>WINTER HAVEN, FL 33880 US</b> | Mailing Address<br><b>950 1ST STREET SOUTH<br/>103<br/>WINTER HAVEN, FL 33880 US</b> |
|--|--|



04282008 No Chg-P CR2E034 (11/05)


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|   |  |
|---|--|
| 4. FEI Number<br><b>90-0121315</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent  
  
**STRICKLAND, LEW ANN  
950 1ST STREET SOUTH  
103  
WINTER HAVEN, FL 33880**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **5/22/06**

SIGNATURE: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)

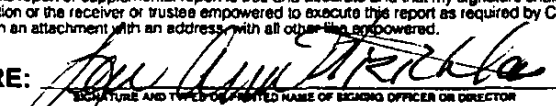
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|---|--|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |  |
|---|--|--|

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PRES<br/>STRICKLAND, LEW ANN<br/>950 1ST STREET SOUTH SUITE 103<br/>WINTER HAVEN, FL 33880</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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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 filers empowered.

SIGNATURE:  DATE: **5/22/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR