

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000104833

**FILED**  
**Jan 12, 2006**  
**Secretary of State**

**Entity Name:** PREMIER CLASS REFERRAL ASSOCIATES, INC.

**Current Principal Place of Business:**

6549 SUGARBUSH DR.  
ORLANDO, FL 32819

**New Principal Place of Business:**

7009 DR. PHILLIPS BLVD.  
SUITE 130  
ORLANDO, FL 32819

**Current Mailing Address:**

6549 SUGARBUSH DR.  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 68-0566412      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MC INTIRE, ROBERT K  
6549 SUGARBUSH DR.  
ORLANDO, FL 32819      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:** D      ( ) Delete  
**Name:** MCINTIRE, ROBERT K  
**Address:** 6549 SUGARBUSH DR.  
**City-St-Zip:** ORLANDO, FL 32819

**Title:**      ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PRES      (X) Change ( ) Addition  
**Name:** MCINTIRE, ROBERT K  
**Address:** 6549 SUGARBUSH DR.  
**City-St-Zip:** ORLANDO, FL 32819

**Title:** V. P      ( ) Change (X) Addition  
**Name:** MCINTIRE, LINDA L  
**Address:** 6549 SUGARBUSH DR.  
**City-St-Zip:** ORLANDO, FL 32819

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:** ROBERT K. MCINTIRE

PRES

01/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date