



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000068204</b> 1. Entity Name <b>PREMIER INVESTMENTS NETWORK, INC.</b>	
--	---

Principal Place of Business <b>35246 U.S. 19 N., 202 PALM HARBOR, FL 34684</b>	Mailing Address <b>35246 U.S. 19 N., 202 PALM HARBOR, FL 34684</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1046940</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**TAWFK, SHERIF S  
35246 U.S. 19 N.,  
188  
PALM HARBOR, FL 34684**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing - <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

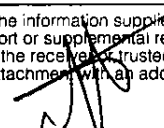
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BASTA, NABIL S 35246 U.S. 19 N., SUITE 202 PALM HARBOR, FL 34684</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TAWFK, SHERIF S 35246 U.S. 19 N., SUITE 202 PALM HARBOR, FL 34684</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MIKHAIL, SHAKER T 36625 U.S. 19 N. PALM HARBOR, FL 34684</b>
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**

U000000814676  
02/13/08-80053-018 150.00

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:**  **Sherif Basta** **2/1/2008** **727 938 2255**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #