


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90015 041 ***150.00

DOCUMENT # P04000068804	
1. Entity Name A PREMIER ENTERTAINMENT DJ PRODUCTIONS, INC.	

Principal Place of Business 110 3RD STREET SW WINTER HAVEN, FL 33880	Mailing Address 110 3RD STREET SW WINTER HAVEN, FL 33880
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2. Principal Place of Business 166 Osprey Heights Dr. Suite, Apt. #, etc.	3. Mailing Address 166 Osprey Heights Dr. Suite, Apt. #, etc.
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City & State Winter Haven, Florida	City & State Winter Haven, Florida
Zip 33884	Zip 33884
Country Polk	Country Polk

01162006 Chg-P CR2E034 (11/05)

4. FEI Number 04-3788205	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RHODA, ANTHONY 1206 VALENCIA LANE AUBURNDALE, FL 33823

7. Name and Address of New Registered Agent	
Name Sait, Kelly	
Street Address (P.O. Box Number is Not Acceptable) 166 Osprey Heights Dr.	
City Winter Haven	FL 33884

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 Kelly Sait Kelly Sait 1/30/06
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
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUIT, KELLY 166 OSPREY HEIGHTS DRIVE WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sait Kelly 166 Osprey Heights Dr. Winter Haven, Florida 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: Kelly Sait Kelly Sait 01/30/06 863-224-7333
Signature and Type or Printed Name of Signing Officer or Director Date Daytime Phone #