


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90305 009 \*\*\*150.00

**DOCUMENT # P04000087367**

1. Entity Name  
**PREMIER BUILDING GROUP, INC.**



Principal Place of Business      Mailing Address  
**801 WINDERMERE BOULEVARD**      **801 WINDERMERE BOULEVARD**  
**INVERNESS, FL 34453**      **INVERNESS, FL 34453**

00010000



2. Principal Place of Business <b>221 W. MAIN STREET</b>		3. Mailing Address <b>221 W MAIN STREET</b>	
Suite, Apt. #, etc. <b>SUITE C</b>		Suite, Apt. #, etc. <b>SUITE C</b>	
City & State <b>INVERNESS FL</b>		City & State <b>INVERNESS FL</b>	
Zip <b>34450</b>	Country <b>USA</b>	Zip <b>34450</b>	Country <b>USA</b>

02092005    Chg-P    CR2E034 (10/03)

4. FEI Number  
**27-0093258**

Applied For  
 Not Applied For

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DIXON, KEVIN K**  
**151 EAST HIGHLAND BOULEVARD**  
**INVERNESS, FL 34452**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_    **FL**    Zip Code \_\_\_\_\_

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.

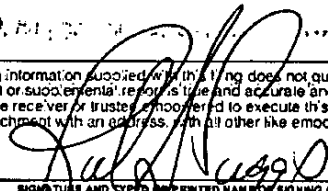
SIGNATURE \_\_\_\_\_  
Registered Agent or authorized representative of the corporation      Registered Agent or authorized representative of the corporation      State

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

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	<b>PST SUGGS, RICK</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>502 TWEELE CAMP ROAD</b> <b>INVERNESS FL 34450</b>	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 who is required 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:   
SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/05 (352) 726-7494  
DATE      STATE PHONE

**RICK A. SUGGS**