


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90395 013 \*\*\*150.00

<b>DOCUMENT # P04000096106</b>	
1. Entity Name <b>PREMIUM HOME SERVICE CONTRACTORS, INC</b>	

Principal Place of Business <b>239 MURCOTT CT ORLANDO, FL 32835 US</b>	Mailing Address <b>239 MURCOTT CT ORLANDO, FL 32835 US</b>
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**50007813**

2. Principal Place of Business <b>204 EAST SOUTH ST Suite, Apt. #, etc. APT. 1053 City &amp; State ORLANDO, FL Zip 32801</b>	3. Mailing Address <b>204 EAST SOUTH ST Suite, Apt. #, etc. APT. 1053 City &amp; State ORLANDO, FL Zip 32801</b>
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02232006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1282665</b>		Applied For <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 <b>LARSON, CAROLINE 1516 E COLONIAL DR SUITE 107 ORLANDO, FL 32803</b>		7. Name and Address of New Registered Agent Name <b>CLAUDIO D. PEREIRA</b> Street Address (P.O. Box Number is Not Acceptable) <b>204 EAST SOUTH ST APT. 1053</b> City <b>ORLANDO</b> FL Zip Code <b>32801</b>

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 *Claudio Demetrio Pereira* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREIRA, CLAUDIO D 239 MURCOTT CT ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREIRA, CLAUDIO D 204 EAST SOUTH ST APT 1053 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEMETRIO, ANDREA P 239 MURCOTT CT ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEMETRIO, ANDREA P. 204 EAST SOUTH ST APT. 1053 ORLANDO, FL 32801 <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
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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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

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: *Claudio Demetrio Pereira* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #