## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000135380

Entity Name: PREMIER TELECOM SOLUTIONS, INC.

2053 MISTY SUNRISE TRAIL

SARASOTA, FL 34240 US

Address: City-St-Zip: FILED Apr 27, 2006 Secretary of State

y .tu	iidi i italiil	TO TELECON COLOTTONO, III	J.		
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
200 FRANDORSON CIRCLE 103 APOLLO BEACH, FL 33572				610 W SHELL POINT RD RUSKIN, FL 33570	
			RUSKIN, FL 3357		
Current Mailing Address:			New Mailing Add	New Mailing Address:	
200 FRANDORSON CIRCLE 103 APOLLO BEACH, FL 33572				610 W SHELL POINT RD	
			RUSKIN, FL 33570		
FEI Number:	68-0593971	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
200 FRANI 103	IELD, ROBEF DORSON CIF BEACH, FL 33	RCLE	610 W SHELL POI	PORTERFIELD, ROBERT E 610 W SHELL POINT RD RUSKIN, FL 33570 US	
	named entity of Florida.	submits this statement for the	purpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE:				04/27/2006	
Electronic Signature of Registered Agent			ent	Date	
Election Can	npaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P, S ( PORTERFIELI 11206 KILLEA RIVERVIEW, F	RN CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GALEN, CHRIS 1101 KINGFIS		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	VP ( JEFFRIES, CH	) Delete IARLES D	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ROBERT E PORTERFIELD PRES 04/27/2006