
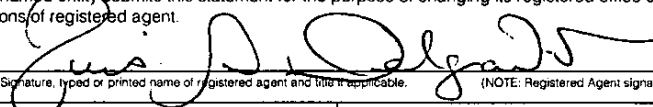
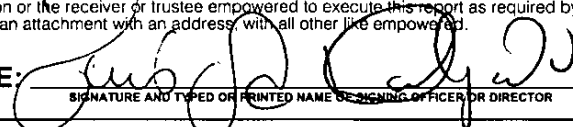


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90076 016 \*\*\*158.75

<b>DOCUMENT # P04000142453</b> 1. Entity Name <b>PREMIER CONSULTANCE, INC.</b>					
Principal Place of Business <b>800 NE 195TH STREET SUITE 213 MIAMI, FL 33180</b>			Mailing Address <b>800 NE 195TH STREET SUITE 213 MIAMI, FL 33180</b>		
2. Principal Place of Business <b>SAME AS ABOVE</b> Suite, Apt. #, etc. <b>"</b>		3. Mailing Address <b>SAME AS ABOVE</b> Suite, Apt. #, etc. <b>"</b>			
City & State <b>" "</b>		City & State <b>" "</b>		4. FEI Number <b>20-1760811</b>	
Zip <b>"</b>		Country <b>"</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SILVER, EGLI 800 NE 195TH STREET 213 MIAMI, FL 33180</b>				7. Name and Address of New Registered Agent Name <b>Luis Delgado</b> Street Address (P.O. Box Number is Not Acceptable) <b>800 NE 195th Street # 213</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33179</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  <b>Feb 16 2006</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELGADO, LUIS A 800 NE 195TH STREET SUITE 213 MIAMI, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILVER, EGLI 800 NE 195TH STREET SUITE 213 MIAMI, FL 33180	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
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: 			Date <b>Feb 16 06</b> Daytime Phone # <b>305 770 0888</b>		