## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 24, 2008 8:00 am Secretary of State

DOGUMENT !! DOFOCOO !!				Secretary of State				
DOCUMENT # P0500001993  1. Entity Name PREMIER INVESTMENTS OF ORLANDO, INC.				1		0049 048 ***150.0		
Principal Place of Business Mailing Add		Mailing Address		Annann	•			
7241 BRANCHTREE DRIVE 7241 BRANCHTREE ORLANDO, FL 32835 ORLANDO, FL 32835			E	400000	n anın Adılı Bütli Güt	IN BERTI BELOK HUNT LEHTE KUHTUR I		
Principal Place of Business - No P.O. Box #     3. Mailing Address								
8707 PALM LAKE Srive		8707 PALM	8707 PALM LAKE INVE		i sind warn dans das	n east galet chain tach teles i	Mant It land	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03192008	Chg-P	CR2E034 (12/06)		
City & Stat		City & State		4. FEI Number		<del>                                      </del>	oplied For	
	r)o MORIDA	ORLANDO 120		65-12391	<u>10</u>		ot Applicable	
Zip	Country	Zip /	Country	5. Certificate of S	tatus Desired	□ \$8.75 Add Fee Require		
328/	6. Name and Address of Current I	240/7	<del></del> -	7. Name and Add	denses of Now P		<del></del>	
	o. Name and Address of Current	redistered Whalit	Name	7. Name and Add	NIGSS OF MEM V	agistered Agent		
DUTES, FI	RANTZ		Teamy					
7241 BRANCHTREE DRIVE ORLANDO, FL 32835			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	e	
8 The above	named entity submits this statement for	the oursess of changing its re-	gistared office or regio	torod agent or both in	the Ctoto of Ele		and annual	
the obligat	ions of registered agent.	the purpose of changing its re-	gistered Office of regis	iered agent, or both, ii	Fille State of Fit	люа. таптаппал wim,	ало ассері	
SIGNATURE.	Signature typed or printed name of registered agent a	and title if applicable. (NOTE: R	legistered Agent signature requi	ired when reinstating)		DATE	<del></del>	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	S. Election Campaign     Trust Fund Contrib	~ _ +	55.00 May Be dded to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CH/	ANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
ritLE	Р	☐ Delete	TITLE			Change	☐ Addition	
NAME	DUTES, FRANTZ		NAME				<del></del>	
STREET ADDRESS	7241 BRANCHTREE DRIVE		street aduress					
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-S7-ZIP					
UUTE	VP	Delete	TITLE			☐ Change	Addition	
NAME	DUTES, GLENNIS		NAME					
STREET ADDRESS	7241 BRANCHTREE DRIVE		STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	ma.				
TITLE	TREA	☐ Delele	TITLE			☐ Change	Addition	
NAME	DUTES, FRANTZ		NAME					
STREET ADDRESS	7241 BRANCHTREE DRIVE		STREET ADDRESS			y <del>-</del>		
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP					
TITLE	SEC	☐ Delete	TITLE			☐ Change	Addition Addition	
NAME STREET ADDRESS :	DUTES, SHELDON 7241 BRANCHTREE DR		NAME					
CITY-ST-ZIP	ORLANDO, FL 32835	•	STREET ADDRESS CITY-ST-ZIP					
	O. 12 (120), 1 E 02000							
title Name		Delete	TITLE			☐ Change	Addition	
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	****		□ Chanca	☐ Addition	
NAME		LLI OCICIO	NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
	<u> </u>					further certify that the in		

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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/00

407-947-5446