

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000026576

Entity Name: PREMIER OFFICE SOLUTIONS, INC

FILED  
Jan 24, 2008  
Secretary of State

## Current Principal Place of Business:

16739 APPALOOSA TRAIL  
MONTVERDE, FL 34756

## New Principal Place of Business:

1645 E HIGHWAY 50  
SUITE 207  
CLERMONT, FL 34711

## Current Mailing Address:

16739 APPALOOSA TRAIL  
MONTVERDE, FL 34756

## New Mailing Address:

P. O. BOX 1930  
MINNEOLA, FL 34755

FEI Number: 20-4359763

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUIZ, NINETT I  
16739 APPALOOSA TRAIL  
MONTVERDE, FL 34756 US

## Name and Address of New Registered Agent:

RUIZ, NINETT I  
1645 E HIGHWAY 50  
SUITE 207  
CLERMONT, FL 34711 US

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.

SIGNATURE: NINETT I RUIZ

01/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RUIZ, NINETT I  
Address: 16739 APPALOOSA TRAIL  
City-St-Zip: MONTVERDE, FL 34756

Title: VP ( ) Delete  
Name: RUIZ, ANGEL  
Address: 16739 APPALOOSA TRAIL  
City-St-Zip: MONTVERDE, FL 34756

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RUIZ, NINETT I  
Address: P. O. BOX 1930  
City-St-Zip: MINNEOLA, FL 34755

Title: VP (X) Change ( ) Addition  
Name: RUIZ, ANGEL  
Address: P. O. BOX 1930  
City-St-Zip: MINNEOLA, FL 34755

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: NINETT I RUIZ

P

01/24/2008

Electronic Signature of Signing Officer or Director

Date