2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045442

Entity Name: PREMIER PHOTOS & PRODUCTION, INC.

FILED Apr 04, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

17090 NW 7TH AVENUE 17090 NW 7TH AVENUE

BAY #102 UNIT #102

MIAMI GARDENS, FL 33169 MIAMI GARDENS, FL 33169

Current Mailing Address: New Mailing Address:

17090 NW 7TH AVENUE 17090 NW 7TH AVENUE

BAY #102 UNIT #102

MIAMI GARDENS, FL 33169 MIAMI GARDENS, FL 33169

FEI Number: 20-4591486 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, VARONDRIA WILLIAMS, VARONDRIA
17090 NW 7TH AVENUE 17090 NW 7TH AVENUE

BAY #102 UNIT #102

MIAMI GARDENS, FL 33169 US MIAMI GARDENS, FL 33169 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: VARONDRIA WILLIAMS

ARONDRIA WILLIAMS 04/04/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: WILLIAMS, VARONDRIA
Address: 17090 NW 7TH AVENUE BAY#102
Address: 17090 NW 7TH AVENUE UNIT#102

City-St-Zip: MIAMI GARDENS, FL 33169

Address. 77090 NW 7111 AVENUE GNIT#102

City-St-Zip: MIAMI GARDENS, FL 33169

Name: WILLIAMS, MICHAEL Name: WILLIAMS, MICHAEL

Address: 17090 NW 7TH AVENUE BAY#102 Address: 17090 NW 7TH AVENUE UNIT#102 City-St-Zip: MIAMI GARDENS, FL 33169 City-St-Zip: MIAMI GARDENS, FL 33169

Title: VP (X) Delete Title: () Change () Addition

 Name:
 ADLAI, GRAYSON
 Name:

 Address:
 17090 NW 7TH AVENUE BAY#102
 Address:

 City-St-Zip:
 MIAMI GARDENS, FL 33169
 City-St-Zip:

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.

SIGNATURE: VARONDRIA WILLIAMS P 04/04/2007