

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000069478

**FILED**  
**Jun 25, 2009**  
**Secretary of State**

**Entity Name:** PREMIUM ACCOUNTING AND TAX SERVICE, INC.

**Current Principal Place of Business:**

13179 LONE STALLION LN  
CORONA, CA 92883

**New Principal Place of Business:**

**Current Mailing Address:**

13179 LONE STALLION LN  
CORONA, CA 92883

**New Mailing Address:**

**FEI Number:** 20-4730321

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MITCHELL, JOHN  
13005 OAKMONT WOOD CT.  
TAMPA, FL 33579 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CFO ( ) Delete  
Name: MITCHELL, JOHN  
Address: 13179 LONE STALLION LN  
City-St-Zip: CORONA, CA 92883

Title: MGR ( ) Delete  
Name: FRED, BOWDEN  
Address: 750 S. LINCOLN AVE, SUITE 104-270  
City-St-Zip: CORONA, CA 92882

Title: VP (X) Delete  
Name: MARIO, MITCHELL  
Address: 806 E. NORFOLK ST  
City-St-Zip: TAMPA, FL 33604

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: MITCHELL, MARIO  
Address: 806 NORFOLK ST  
City-St-Zip: TAMPA, FL 33604

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN MITCHELL

CFO

06/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date