

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000137343

FILED
May 23, 2008
Secretary of State**Entity Name:** PREMIER TAXES & BOOKKEEPING SERVICE INC.**Current Principal Place of Business:**16186 NW 27TH AVENUE
OPA LOCKA, FL 33054**New Principal Place of Business:****Current Mailing Address:**PO BOX 290546
DAVIE, FL 33329**New Mailing Address:****FEI Number:** 20-5797480**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MATTHEWS, NICHOLE K OWNER
2184 NW 171 TERRACE
PEMBROKE PINES, FL 33028 US**Name and Address of New Registered Agent:**MATTHEWS, NICHOLE K
2184 NW 171 TERRACE
PEMBROKE PINES, FL 33028 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: N.K. MATTHEWS

05/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MATTHEWS, NICHOLE K OWNER
Address: 2184 NW 171 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP () Delete
Name: MATTHEWS, HARRIET L
Address: 110 TWIN SPRINGS TRAIL
City-St-Zip: NORCROSS, GA 30093

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DESSASSAU, DEAUNDREA A PRES
Address: 20210 NW 42 AVENUE
City-St-Zip: MIAMI, FL 33054

Title: TRES (X) Change () Addition
Name: MATTHEWS, HARRIET L TRES
Address: 110 TWIN SPRINGS TRAIL
City-St-Zip: NORCROSS, GA 30093

Title: VP () Change (X) Addition
Name: SMALL, STEPHANIE N DR.
Address: 1020 NW 155 LANE #307
City-St-Zip: MIAMI, FL 33169

Title: SEC () Change (X) Addition
Name: MATTHEWS, NICHOLE K
Address: 2184 NW 171 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

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: N.K. MATTHEWS

SEC

05/23/2008

Electronic Signature of Signing Officer or Director

Date