2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 21, 2008 8:00 am Secretary of State 04-11-2008 90052 009 ***150.00

3020 MEANDERING WAY STE. 101 FORT MYERS, FL 33905 US 1. Principal Piece of Business - No P.O. Box e 2. Principal Piece of Business - No P.O. Box e 3. Malling Address Suits, Apt. e, etc. Suits,	DOCUMENT # P07000084216 1. Entity Name PREMIER PRODUCT DEVELOPMENT & LICENSING CORPORATION						04-11-20	008 90052 009 *	**150.00	
Suite, Apt. 8, etc. Sane, Apt. 8, etc. City & State A. PEl Number A. Certificate of State Desired Fee Regulated *\$8,75 Additions Fee Regulated *\$8,75 Additions Street Additions of Regulatered Agent Name *\$1. Name and Additions of New Registered Agent Name Street Additions (P.O. Box Number is two Acceptable) City FL Zip Code 8. The above named early submits this statement for the purpose of changing its registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent. SIGNATURE FUE NowIttl File Is \$150,00 ARTER May 1, 2008 Fee will be \$550,00 ARTER May 1, 2008 Fee will be \$550,00 FOR The File NowIttl File Is \$150,000 ARTER May 1, 2008 Fee will be \$150,000 TILE OFFICERS AND DIRECTORS IN I	3020 MEANDERING WAY STE. 101 3020 MEANDERING WAY STE							W 0 1:01 (018 4:012 mas, unit	MILES II (188)	
City & State City & State City & State City & State A. FEI Number Checked City & State Name and Address of Current Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent Name Name and Address of New Registered Agent Name Nam	Principal Place of Business - No P.O. Box # 3. Mailing Address									
2 2 2 2 2 2 2 2 2 2	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02282008	Chg-P	CR2E034 (12/06)		
S. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name N	City & State	9	City & State							
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country Zip Cou		Coun	try	5. Certificate	of Status Desired			
Sireot Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Current F								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATUR	LETHERT, ANDREW 3020 MEANDERING WAY STE. 101 FORT MYERS, FL 33905									
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After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.	SIGNATURE-	Signature, typed or printed name of registered agent a	d Agent signature require	d when remetating)	-	DATE				
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