2006 FOR PROFIT CORPORATION

FILED Feb 24, 2006 08:00 AM

_	ANN	JAL REPORT	Secretary of State			
DOCU	MENT # P9400	0047802			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
t. Entity Name PREMIER INTERNATIONAL REALTY, INC.				}{		
FIVEINITE	ZIIZI EIZIAN HOMAC (enett, mv.				
Principal Plac	e of Business	. Mailing Address		7		
107 PHILIPP		PO BOX 680 - Winter Park, FL 32790	o us	}		
DEBARY, FL	32713 03	WINTER FAIRN, LE, 32730	03	ווער פרו ושמיות ווער	DIP) PRI) PRII PRI	18)) (1886) (18))) \$6)(6) (18)(88) (1 18)
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DO NOT WRITE IN THIS SPACE					No Chg-P CF	(2E034 (11/05)
_			702	4. FEI Number 59-325189	95	Applied For Not Applicable
				5. Certificate of S	status Desired \Q	\$8.75 Additional Fee Regulred
	6. Name and Address of	Current Registered Agent				
HENIN, JE				א סמ	OT WRI	TE
PO BOX 6	880 PARK, FL 32790	•	}		· · · · · · · · · · · · · · · · · ·	
	,		}	IN IF	HIS SPAC	JE .
	e named entity submits this stat tions of registered agent.	ement for the purpose of changing its re-	gistered office or registe	ered agent, or both, in	the State of Florida.	l am lamiliar with, and accept
SIGNATURE.						
-	Signature, typed or printed name of regist	ered agent and lithral applicable (NOTE Ri	egistered Agent signature require	ed when reinstating)		ATE .
FIL After M	E NOWIII FEE IS \$150 ay 1, 2006 Fee will be	.00 \$550.00 Election Campaign Trust Fund Contribu		5.00 May Be Ided to Fees		
10.	P	RS AND DIRECTORS		· · · · · · · · · · · · · · · · · · ·		
TITLE	HENIN, JEROME		1			
STREET ADDRESS	PO BOX 680	- -				
TITLE	WINTER PARK, FL 3279	<u> </u>) ថ្ងៃព្រះព្រះព្រះព្រះ <i>ត</i> ៤វ	rous
NAME				1	.000000443 103-117-113	3868 367 007 158 . 75
STREET ADDRESS City-St-Zip	1		l l			
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NAME STREET ADDRESS	{		1	DO 1	OT WO	TC
CITY-ST-ZIP					IOT WRI	
MAME	}			IN T	HIS SPAC	CE
STREET ADDRESS						
CHY-SI-ZIP						
TITLE NAME	{		1			
STREET ADDRESS CITY - ST- ZIP	}		1			
SITLE						
NAME STOCKT ADDRESS						

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STONATIVE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR HERIN 2/21/04/386/06/8-7811