

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000043600

1. Entity Name
 PREMIUM PC SERVICES INC.



Principal Place of Business
 2262 FOLIAGE OAK TERRACE
 OVIEDO, FL 32766

Mailing Address
 2262 FOLIAGE OAK TERRACE
 OVIEDO, FL 32766



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3318976 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASAMENTO, SCOTT J
 2262 FOLIAGE OAK TERRACE
 OVIEDO, FL 32766

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASAMENTO, SCOTT
STREET ADDRESS	2262 FOLIAGE OAK TERRACE
CITY-ST-ZIP	OVIEDO, FL 32766
TITLE	TS
NAME	CASAMENTO, MARGARET
STREET ADDRESS	2262 FOLIAGE OAK TERRACE
CITY-ST-ZIP	OVIEDO, FL 32766
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 607, 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: Scott Casamento Scott CASAMENTO 4/1/6 407-365-7884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #