


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # P96000026355		
1. Entity Name PREMIERE PLUS INSURANCE, INC.		
Principal Place of Business 4804 SW 28 TERR FT LAUDERDALE, FL 33312		Mailing Address 4804 SW 28 TERR FT LAUDERDALE, FL 33312
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MARCU, MONICA M 1301 NE MIAMI GARDENS DR #525W N MIAMI, FL 33179		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000532042 05/06/06-80109-010 150.00
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	MARCU, MONICA M	
STREET ADDRESS	1301 NE MIAMI GARDENS DR #525W	
CITY-ST-ZIP	N MIAMI, FL 33179	
TITLE		
NAME		
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CITY-ST-ZIP		
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: <u><i>Monica M Marcu</i></u>		Date <u>4.14.06</u> Daytime Phone # <u>954-963-1664</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		