

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000010830

FILED  
Feb 14, 2006  
Secretary of State

Entity Name: PREMIER SYSTEM SOLUTIONS, INC.

## Current Principal Place of Business:

13700 MCCORMICK DRIVE  
TAMPA, FL 33626

## New Principal Place of Business:

## Current Mailing Address:

4679 TAMWORTH DRIVE  
PALM HARBOR, FL 34685

## New Mailing Address:

FEI Number: 59-3423483      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MICHAELS, THOMAS O  
1370 PINEHURST ROAD  
DUNEDIN, FL 34698      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP      ( ) Delete  
Name: FIERBAUGH, NORMAN R  
Address: 4679 TAMWORTH DRIVE  
City-St-Zip: PALM HARBOR, FL 34685

Title: PTSD      ( ) Delete  
Name: STOCKWELL, ROBERT S  
Address: 1235 LAGOON RD  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VPOP      ( ) Delete  
Name: KNOWLES, DONALD  
Address: 3909 ERNE ST.  
City-St-Zip: PALM HARBOR, FL 34683

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT STOCKWELL

PTSD

02/14/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date