## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000027691

Address:

City-St-Zip:

8006 12TH AVE S

SAINT PETERSBURG, FL 33706

Entity Name: PREMIER GROUP REFERRAL, INC.

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6800 GUL ST. PETE	F BLVD BEACH, FL 33706				
Current Mailing Address:			New Mailing Address:		
6800 GUL ST. PETE	F BLVD BEACH, FL 33706				
FEI Number	: 59-3515847 FEI Numbe	r Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Current Reg	istered Agent:	Name and Address	of New Registered Agent:	
APPLE, G. 1187 79TH ST. PETE		8			
The above in the State	named entity submits this e of Florida.	statement for the p	purpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electronic Signature	of Registered Ag	ent	Date	
Election Ca	mpaign Financing Trust Fund (	Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete APPLE, GALE J 1187 79TH ST S ST PETERSBURG, FL 33707		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () Delete APPLE, NORMA 1187 79TH ST S ST PETERSBURG, FL 33707		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ST () Delete JOHANNESSON, DANIEL 8014 12TH AVE S ST PETERSBURG, FL 33707		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP ( ) Delete BROADWAY, RONALD		Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: GALE J. APPLE PD 04/26/2007