2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006
Secretary of State

DOCUMENT# P98000071189

Entity Name: PREMIER PREMIUM FINANCE CO.

Current Principal Place of Business:

1120 PONCE DE LEON BLVD
CORAL GABLES, FL 331343321

New Principal Place of Business:

Current Mailing Address:

1120 PONCE DE LEON BLVD
CORAL GABLES, FL 331343321

New Mailing Address:

FEI Number: 65-0862544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAGEN, MAX M ESQ
3990 SHERIDAN ST, #104
HOLLYWOOD, FL 33021 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: PD ( ) Delete
Name: WASSERMAN, FREDERIC J
Address: 1120 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 331343321

Title: VD ( ) Delete
Name: WEXLER, MICHAEL J
Address: 1120 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 331343321

Title: STD ( ) Delete
Name: WASSERMAN, GARY J
Address: 1120 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 331343321

Title: D ( ) Delete
Name: WEXLER, BRENDA B
Address: 1120 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 331343321

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:

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: MICHAEL J WEXLER VD 04/14/2006

Electronic Signature of Signing Officer or Director Date