## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## Feb 06, 2006 8:00 am Secretary of State **DOCUMENT # P99000003408** 02-06-2006 90091 025 \*\*\*150.00 1. Entity Name PREMIUM RESOURCE MANAGEMENT, INC. Mailing Address Principal Place of Business **627 FONTANA LN 627 FONTANA LN** BRADENTON, FL 34209 BRADENTON, FL 34209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0383565 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANNING, MICHAEL Street Address (P.O. Box Number is Not Acceptable) **627 FONTANA LN** BRADENTON, FL 34209 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME MANNING, MICHAEL MAME STREET ADDRESS **627 FONTANA LANE** STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Chance TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TIDE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 comporation 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.

**FILED**