2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000053421

Entity Name: PREMPLOYER, INC.

City-St-Zip:

DOTHAN, AL 36303

FILED Mar 17, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5855 WEST MAIN STREET DOTHAN, AL 36305 **Current Mailing Address: New Mailing Address:** P O BOX 8516 DOTHAN, AL 36304 FEI Number: 58-2471604 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 333247570 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GUEST, RICHARD W Name: Name: 368 TRAWICK RD Address: Address: DOTHAN, AL 36305 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition Name: CARTER, REBECCA H Name: 17 TWIN OAKS LANE Address: Address: DOTHAN, FL 36303 City-St-Zip: City-St-Zip: Title: Title: PD () Delete () Change () Addition HARRISON, J. BENJAMIN Name: Name: 105 WEST CHURCH STREET Address: Address: City-St-Zip: HEADLAND, AL 36345 City-St-Zip: Title: () Delete Title: () Change () Addition EFURD, JAN Name: Name: Address: 85 HIDDEN SPRINGS COURT Address: City-St-Zip: DOTHAN, AL 36305 City-St-Zip: Title: COB () Delete Title: () Change () Addition CARTER, VINCE Name: Name: 17 TWIN OAKS LANE Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: J.BENJAMIN HARRISON PD 03/17/2008