


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000091279
 1. Entity Name
 A PREMIER EVENT, INC.



Principal Place of Business Mailing Address
 4653 B. LB MCLEAD 4501 VINELAND ROAD SUITE 111
 ORLANDO, FL 32811 ORLANDO, FL 32811

DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3607875 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LAXSON, HAZEL
 325 MAGNOLIA STREET
 WINDERMERE, FL 34786

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000347152
 04/30/05-80104-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAXSON, HAZEL J
STREET ADDRESS	4501 VINELAND ROAD SUITE 111
CITY - ST - ZIP	ORLANDO, FL 32811
TITLE	V
NAME	LAXSON, VICTOR V JR
STREET ADDRESS	4501 VINELAND RD #111
CITY - ST - ZIP	ORLANDO, FL 32811
TITLE	ST
NAME	LAXSON, ANNE M
STREET ADDRESS	4501 VINELAND RD #111
CITY - ST - ZIP	ORLANDO, FL 32811
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 corporation 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.

SIGNATURE: Hazel Laxson HAZEL LAXSON 4-25-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #