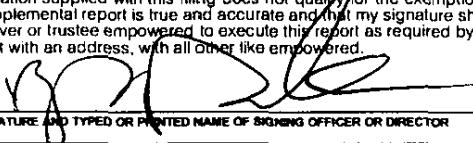


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 11, 2008 8:00 am  
Secretary of State**

04-11-2008 90056 050 \*\*\*150.00

DOCUMENT # P99000107541				
1. Entity Name <b>PREMIER PROPERTIES REALTY GROUP, INC.</b>				
Principal Place of Business <b>661 A1A BEACH BLVD SAINT AUGUSTINE, FL 32080</b>		Mailing Address <b>661 A1A BEACH BLVD SAINT AUGUSTINE, FL 32080</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
<b>CUPOLO, STEVEN C 9299 JULY LN ST AUGUSTINE, FL 32080</b>		Name Street Address (P.O. Box Number is Not Acceptable)    City <b>FL</b> 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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable)</small>				
<small>(NOTE: Registered Agent signature required when registering)</small>				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				
TITLE <b>PD</b> NAME <b>O'ROURKE, FRANK</b> STREET ADDRESS <b>605 OCEAN PALM WAY</b> CITY-ST-ZIP <b>ST AUGUSTINE BEACH, FL 32080</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VPS</b> NAME <b>CUPOLO, STEVEN C</b> STREET ADDRESS <b>9299 JULY LN</b> CITY-ST-ZIP <b>ST AUGUSTINE, FL 32080</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 empowerments.				
SIGNATURE: 				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				
<small>4-11-08</small>				
<small>Date Daytime Phone #</small>				