2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# S43347

Entity Name: PREMIER SECURITY SERVICES INC.

Current Principal Place of Business:

2634 SUCCESS DRIVE
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

2634 SUCCESS DRIVE
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 59-3063067 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMSAY, ROBERT W PRES.
2634 SUCCESS DRIVE
ODDESSA, FL 33556 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:	DV	( ) Delete
Name:	KARDOS, WILLIAM P	
Address:	920 MAPLE RIDGE ROAD	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	DP	( ) Delete
Name:	RAMSAY, ROBERT W	
Address:	5247 HALTATA COURT	
City-St-Zip:	NEW PORT RICHEY, FL 34655	
Title:	MGR	( ) Delete
Name:	KENT, KENNETH S MGR	
Address:	7820 JAMAICA STREET	
City-St-Zip:	TAMPA, FL 33614	
Title:	OM	( ) Delete
Name:	RAMSAY, MIJAN MGR	
Address:	2634 SUCCESS DRIVE	
City-St-Zip:	ODESSA, FL 33556	

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 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: MIJAN RAMSAY OM 03/24/2009

Electronic Signature of Signing Officer or Director — Date