


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2005 08:00 AM
Secretary of State

| | | |
|-----------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # V09979 1. Entity Name PREMA, INC. | |  |
| Principal Place of Business 376 HERBERT PAGE RD TRYON, NC 28782 | Mailing Address PO BOX 1460 COLUMBUS, NC 28722 | |



03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|-------------------------------------------------------------------------------------------------|----------------------------|
| 4. FEI Number 65-0314173 | App'd For Not App'd For |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent KURTZ, MARITIN J LONDON WITTE & CO 3101 N FEDERAL HWY STE 700 FORT LAUDERDALE, FL 33306 |
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IN THIS SPACE**

I, the above named entity, submit 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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|-----------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY ST ZIP | PDS BLATE, MICHAEL 376 HERBERT PAGE RD TRYON, NC 28782 |
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12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 a signature, he empowered.

SIGNATURE:  3/15/05 828 8023 4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL BLATE