


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L76636
 1. Entity Name
 PRISM ENTERPRISES, INC.



Principal Place of Business Mailing Address
 768 E DANIA BEACH BLVD 4511 HELTON DR
 DANIA, FL 33004-3031 FLORENCE, AL 35630

DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0251713 Not Applicable

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

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S PINE ISLAND
 PLANTATION, FL 33324

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD ANDERSON, TERRY C 4511 HELTON DR FLORENCE, AL 35630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLASGOW, TOMMY 4511 HELTON DR FLORENCE, AL 35630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PALME, JOHN 4511 HELTON DR FLORENCE, AL 35630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 05/05/05-80040-018 150.00

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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 fees empowered.

SIGNATURE: Thomas J. Glasgow 5-2-05 256-764-9901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #