2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010093

Entity Name: PRIME FORCE II, INC.

FILED May 17, 2009 Secretary of State

6371 TOULON DRIVE 2374 NW 32ND STREET BOCA RATON, FL 33733 BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

6371 TOULON DRIVE 2374 NW 32ND STREET BOCA RATON, FL 33733 BOCA RATON, FL 33431

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOGREVE, DONNA
6371 TOULON DRIVE
BOCA RATON, FL 33733 US
GOGREVE, DONNA
2374 NW 32ND STREET
BOCA RATON, FL 33431 US

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: 05/17/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 GOGREVE, DONNA
 Name:
 GOGREVE, DONNA

 Address:
 6371 TOULON DRIVE
 Address:
 2374 NW 32ND STREET

 City-St-Zip:
 BOCA RATON, FL 33733
 City-St-Zip:
 BOCA RATON, FL 33431

Title: DV () Delete Title: () Change () Addition

 Name:
 ANDOH, PAUL
 Name:

 Address:
 4298 ELYSIAN FIELDS
 Address:

 City-St-Zip:
 NEW ORLEANS, LA 70122
 City-St-Zip:

Title: DST () Delete Title: () Change () Addition

 Name:
 MASSON, DIANE
 Name:

 Address:
 334 14TH STREET
 Address:

 City-St-Zip:
 NEW ORLEANS, LA 70124
 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA GOGREVE PRES 05/17/2009