


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90019 021 ***150.00

DOCUMENT # P03000114944

1. Entity Name
AMERICA'S PRIME PROPERTIES, INC.



Principal Place of Business 2200 NORTH FEDERAL HIGHWAY SUITE #217 BOCA RATON FL 33431	Mailing Address 2200 NORTH FEDERAL HIGHWAY SUITE #217 BOCA RATON FL 33431
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1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # 23385 BARWOOD LN. S.	3. Mailing Address 23385 BARWOOD LN. S.
Suite, Apt. #, etc. STE 1203	Suite, Apt. #, etc. STE 1203

City & State BOCA RATON, FL	City & State BOCA RATON, FL
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4. FEI Number 80-0081960	Applied For <input type="checkbox"/> Not Applicable
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Zip 33428-2103	Country USA	Zip 33428-2103	Country USA
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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

PASSANISI, DOMINIC A.
 2200 NORTH FEDERAL HIGHWAY
 SUITE 217
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name **PASSANISI, DOMINIC A.**
 Street Address (P.O. Box Number is Not Acceptable)
23385 BARWOOD LN. S., STE. 1203
 City **BOCA RATON** FL **FL** Zip Code **33428-2103**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	PTD PASSANISI, DOMINIC A. <input type="checkbox"/> Delete 2200 NORTH FEDERAL HIGHWAY #217 BOCA RATON FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PASSANISI, MARY T <input type="checkbox"/> Delete 2200 NORTH FEDERAL HIGHWAY #217 BOCA RATON FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PASSANISI, DOMINIC A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23385 BARWOOD LN. S. #1203 BOCA RATON, FL 33428-2103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PASSANISI, MARY T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23385 BARWOOD LN. S. #1203 BOCA RATON, FL 33428-2103
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered.

SIGNATURE: *Dominic A. Passanisi* **2/20/08** **561-212-1099**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #