## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P06000030059

Address:

City-St-Zip:

FILED May 13, 2008 Secretary of State

Entity Na	me: PRIMUS	MEDICAL RESEARCH, INC					
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
	39TH STREET RAL, FL 3391			3046 DEL PRADO BLVD SUITE 1A CAPE CORAL, FL 33904			
Current M	lailing Addres	ss:	New Mail	New Mailing Address:			
	39TH STREET RAL, FL 3391			3046 DEL PRADO BLVD SUITE 1A CAPE CORAL, FL 33904			
FEI Number	: 20-4335065	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )		
Name and	l Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
131 S.W. 3	TERESE M.D. 39TH STREET RAL, FL 3391						
	named entity e of Florida.	submits this statement for th	e purpose of changing	its registere	d office or registered agent, or both	h,	
SIGNATU	RE:						
	Electror	nic Signature of Registered A	gent		Date	_	
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D ( TAYLOR, TERE 131 S.W. 39TH CAPE CORAL,	STREET	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name:	(	) Delete	Title: Name:	MRS SCHWARTZ	( ) Change (X) Addition EL, CARLY D		

Address:

City-St-Zip:

3046 DEL PRADO BLVD SUITE 1A CAPE CORAL, FL 33904

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: CARLY SCHWARTZEL MRS 05/13/2008