2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED May 03, 2005 8:00 am Secretary of State 05-03-2005 90104 016 ****61.25

1. Entity Nam	MENT # 70 RS A ASSOCIA										
PRIME MANAGEMENT GROUP, INC. P 6300 PARK OF COMMERCE BLVD 6			Mailing Address PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US				40079535				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02242005	Chg-NP	CR2E037 (10	0/03)	
City & State			City & State				4. FEI Numbe 59-1886				plied For t Applicable
Żip	Country		Zip (xuntry		5. Certificate	of Status Desired		5 Add Required	
	6. Name and A	ddress of Current Re	gistered Agent				7. Name and		Registered Agent		
CHATT 14	WOON				Name 7	-/Ar	vders	A Ass	SOCIATION) . I	-NC.
SWATT, MYRON 6300 PK OF COMMERCE BLVD					Street Address (P.O.Box Number is Not Appentable) HRNIE DERWSTEIN						
BOCA RATON, FL 33487				6300		RK OF	COMME	ZCE BO	ulev		
					City	OCA	RAT	้อม	FL ^z	ip Code	3487
	named entity submi		ne purpose of changing its	registere					lorida. I am familia	ar with,	and accept
the obligati	A consider	BERNST	Eigh	S	S	<u> </u>	2				
SIGNATURE.	Signature, typed or printed	name of registered agent and		Registered	Agent Sonetu	o required t	when reinstating)		DATE		
			,		1						
	Filing Fee is \$ Due by May 1,		9. Election Can Trust Fund C				\$5.00 May Badded to Fees		Make check pay Irida Departmen		
10.	Due by May 1,		Trust Fund C			<u> </u>	Added to Fees	Fla		t of St	ate 10
10.	Due by May 1,	, 2005 OFFICERS AND DIREC	Trust Fund C	Contribution	on. [<u> </u>	Added to Fees	Fla	eride Departmen	t of St	ate
TITLE NAME	PD STOPLER, NAT	, 2005 OFFICERS AND DIREC	Trust Fund C	11. TITLE	on. [<u> </u>	Added to Fees	Fla	eride Departmen	t of St ORS IN	ate 10
TITLE NAME STREET ADDRESS	PD STOPLER, NAT 20 FLANDERS A	, 2005 OFFICERS AND DIREC A	Trust Fund C	11. TITLE NAME STREE	on. [<u> </u>	Added to Fees	Fla	eride Departmen	t of St ORS IN	ate 10
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Intereoy certify that the mormation supplied with this hilling does not quality for the exemption stated in Section 119.07(3)(i). Horida statutes. 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 his report as required by Chapter 617, 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:

N. STopler