

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

PAGE 07 AUG 23 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0171493 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name ANTHONY KALLICHE, ESQUIRE
Street Address (P.O. Box Number is Not Acceptable) 2950 N 28 TERRACE
City Hollywood FL Zip Code 33024

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 *A Kalliche* DATE 6/25/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees 00107546914 06/28/07--01045--007 **367.50

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CANNATARO, BARBARA	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LESTER, ANDREW C	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD.	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	FRIEDRIECHSEN, JOHN B	
STREET ADDRESS	1140 BAY STREET, STE. 4000	
CITY-ST-ZIP	TORONTO, ON M5S2B4	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SWATT, MYRON L	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LANG, WENDY	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	CEOP	<input type="checkbox"/> Delete
NAME	SOLLINS, CHARLES D	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33487	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11


TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNATARO, BARBARA	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTER, ANDREW C	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRUNIN, Richard	
STREET ADDRESS	2950 N 28 TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOKE, DOUGLAS G	
STREET ADDRESS	1140 BAY STREET, STE 4000	
CITY-ST-ZIP	TORONTO, ONTARIO M5S 2B4	
TITLE	CEOT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, WENDY	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	CEOP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLLINS, CHARLES D	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33487	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* DATE 8/2/07 DAYTIME PHONE # 561-989-5071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

PAGE 2 OF 2

DOCUMENT # 565870 1. Entity Name PRIME REALTY ASSOCIATES, INC.					
Principal Place of Business 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US			Mailing Address C/O CORP SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0171493	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name ANTHONY KALLICHE, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 2950 N 28 TERRACE City Hollywood FL Zip Code 33020	
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 <u><i>Anthony Kalliche</i></u> DATE <u>6/25/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CANNATARO, BARBARA 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHRISTENSEN, STEVEN J 2950 N 28 TERRACE Hollywood, FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LESTER, ANDREW C 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS FRIEDRICHSSEN, JOHN B 1140 BAY STREET, STE. 4000 TORONTO, ON m552b4	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWATT, MYRON L 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LANG, WENDY 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO SOLLINS, CHARLES D 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: <u><i>Anthony Kalliche</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>8/2/07</u> Daytime Phone # <u>561-989-5071</u>		