

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004583

Entity Name: PRI CONSTRUCTORS, INC.

FILED
Apr 18, 2011
Secretary of State

Current Principal Place of Business:

3760 CONVOY STREET, STE 230
SAN DIEGO, CA 92111

New Principal Place of Business:

6385 S. RAINBOW BLVD.
SUITE 420
LAS VEGAS, NV 89118

Current Mailing Address:

3760 CONVOY STREET, STE 230
SAN DIEGO, CA 92111

New Mailing Address:

6385 S. RAINBOW BLVD.
SUITE 420
LAS VEGAS, NV 89118

FEI Number: 33-0367968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: LOSCAVIO, FRANK J
Address: 6385 S. RAINBOW BLVD., SUITE 420
City-St-Zip: LAS VEGAS, NV 89118

Title: S
Name: CAMPBELL, WILLIAM T
Address: 6385 S. RAINBOW BLVD., SUITE 420
City-St-Zip: LAS VEGAS, NV 89118

Title: CD
Name: WALDEN, SHARI L
Address: 6385 S. RAINBOW BLVD., SUITE 420
City-St-Zip: LAS VEGAS, NV 89118

Title: D
Name: WALDEN, DAVID A
Address: 6385 S. RAINBOW BLVD., SUITE 420
City-St-Zip: LAS VEGAS, NV 89118

Title: V
Name: SMITH, CARLA M
Address: 1786 PLATTE STREET
City-St-Zip: DENVER, CO 80202

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM T CAMPBELL

S

04/18/2011

Electronic Signature of Signing Officer or Director

Date