


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90020 022 ***550.00

DOCUMENT # F00000005875

1. Entity Name
PRIORITY NETWORKS, INC.



Principal Place of Business Mailing Address

1856 PAMA LANE 7721 SETTLERS AVE
 #B-1 BOISE, ID 83704
 LAS VEGAS, NV 89119

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

3720 Howard Hughes Pky. 28 W. Grand Ave.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Las Vegas, NV Morristown, NJ

Zip Country Zip Country

89119 USA 07645 USA

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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	P POIRIER, DAN 1856 PAMA LANE #B-1 LAS VEGAS, NV 89119	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FUNK, TERRY 1856 PAMA LANE #B-1 LAS VEGAS, NV 89119	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JONES, BEN 1856 PAMA LANE #B-1 LAS VEGAS, NV 89119	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FUNK, TERRY 1856 PAMA LANE #B-1 LAS VEGAS, NV 89119	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, BEN 1856 PAMA LANE #B-1 LAS VEGAS, NV 89119	<input checked="" 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	President Martin A. Rubin P.O. Box 22555 Lake Buena Vista, FL 32830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President James D. Pearson 28 W. Grand Ave. Morristown, NJ 07645	<input type="checkbox"/> Change <input checked="" 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 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: _____ **7-24-07** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40128923



07162007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

82-0512202 Not Applicable

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