2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# F04000005248

Entity Name: PRIME SOURCE, INC.

Current Principal Place of Business:

113 NEW WEST STREET
SHAW, MS 38773

New Principal Place of Business:

999 WHARTON DRIVE
ATLANTA, GA 30336

Current Mailing Address:

P.O. BOX 800
SHAW, MS 38773

New Mailing Address:

4134 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

FEI Number: 64-0668025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHALEN, JOSEPH J
549 NORTON ST.
LONGBOAT KEY, FL 34228 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: WHALEN, JOSEPH J
Address: 4134 GULF OF MEXICO DR. SUITE 202
City-St-Zip: LONGBOAT KEY, FL 34228

Title: V ( ) Delete
Name: DANIELS, HARVE E
Address: 113 NEW WEST STREET
City-St-Zip: SHAW, MS 38773

Title: ST ( ) Delete
Name: WHALEN, JACQUELINE
Address: 549 NORTON ST.
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: DANIELS, HARVE E
Address: 5210 INVERNESS DR.
City-St-Zip: SARASOTA, FL 34243

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSEPH J. WHALEN CP 04/26/2005
Electronic Signature of Signing Officer or Director Date