## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000005248

WHALEN, JACQUELINE

LONGBOAT KEY, FL 34228

549 NORTON ST.

Name:

Address: City-St-Zip:

Entity Name: PRIME SOURCE, INC.

FILED Feb 18, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 999 WHARTON DRIVE ATLANTA, GA 30336 **Current Mailing Address: New Mailing Address:** 4134 GULF OF MEXICO DRIVE 4134 GULF OF MEXICO DRIVE #202 LONGBOAT KEY, FL 34228 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: Name and Address of New Registered Agent: WHALEN, JOSEPH J 549 NORTON ST. LONGBOAT KEY, FL 34228 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WHALEN, JOSEPH J Name: Name: 4134 GULF OF MEXICO DR. SUITE 202 Address: Address: City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: DANIELS, HARVE E Name: 5210 INVERNESS DR. Address: Address: SARASOTA, FL 34243 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: HARVE E DANIELS V 02/18/2008