


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000003723	
1. Entity Name PRIME CAPITAL FINANCIAL SERVICES, INC.	

Principal Place of Business 202 NORTH CURRY ST., SUITE 100 CARSON CITY, NV 89703-4121	Mailing Address 202 NORTH CURRY ST., SUITE 100 CARSON CITY, NV 89703-4121
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03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1138972	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARDWELL, DAVID P 16122 CARDEN DR. ODESSA, FL 33556

**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	DP CARDWELL, DAVID P 16122 CARDEN DR. ODESSA, FL 33556
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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: *D. P. Cardwell* **DATE:** April 3, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #