


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90016 044 \*\*\*150.00

<b>DOCUMENT # F06000001847</b> 1. Entity Name <b>PRIME ALLIANCE SOLUTIONS, INC.</b>																																																																																																																							
Principal Place of Business <b>12770 GATEWAY DR - MS 1011-1 TUKWILA, WA 98168</b>			Mailing Address <b>12770 GATEWAY DR - MS 1011-1 TUKWILA, WA 98168</b>																																																																																																																				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																					
City & State Zip Country		City & State Zip Country		4. FEI Number <b>91-2060737</b>																																																																																																																			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																			
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>																																																																																																																							
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____																																																																																																																							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>PC BRANCUCCI, JOSEPH</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>12770 GATEWAY DR TUKWILA, WA 98168</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD OAKLAND, GARY</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>12770 GATEWAY DR</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TUKWILA, WA 98168</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD ELSER, KATHY</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>12770 GATEWAY DR</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TUKWILA, WA 98168</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D DYKSTRA, DIANE</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>3880 - CONSTELLATION RD</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LOMPOC, CA 93436</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D OLDAG, CHRIS</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>156 - SECOND ST</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SAN FRANCISCO, CA 94105</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D MASE, STEVE</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>7701 - YORK AVE S - STE 120</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>EDINA, MN 55435</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	PC BRANCUCCI, JOSEPH		STREET ADDRESS			CITY - ST - ZIP	12770 GATEWAY DR TUKWILA, WA 98168		CITY - ST - ZIP			TITLE	SD OAKLAND, GARY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	12770 GATEWAY DR		STREET ADDRESS			CITY - ST - ZIP	TUKWILA, WA 98168		CITY - ST - ZIP			TITLE	TD ELSER, KATHY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	12770 GATEWAY DR		STREET ADDRESS			CITY - ST - ZIP	TUKWILA, WA 98168		CITY - ST - ZIP			TITLE	D DYKSTRA, DIANE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	3880 - CONSTELLATION RD		STREET ADDRESS			CITY - ST - ZIP	LOMPOC, CA 93436		CITY - ST - ZIP			TITLE	D OLDAG, CHRIS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	156 - SECOND ST		STREET ADDRESS			CITY - ST - ZIP	SAN FRANCISCO, CA 94105		CITY - ST - ZIP			TITLE	D MASE, STEVE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	7701 - YORK AVE S - STE 120		STREET ADDRESS			CITY - ST - ZIP	EDINA, MN 55435		CITY - ST - ZIP		
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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: <i>Kathy Elser</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				3/16/07 206.439.5068 Date Daytime Phone #																																																																																																																			

ATTACHMENT

40043681  
#F06000001847

**Prime Alliance Solutions, Inc.**  
**List of Board of Directors**

Joseph Brancucci  
President / Chairperson  
12770 – Gateway Drive  
Tukwila, WA 98168

Gary Oakland  
Secretary / Director  
12770 – Gateway Drive  
Tukwila, WA 98168

Kathy Elser  
Treasury / Director  
12770 – Gateway Drive  
Tukwila, WA 98168

Diana Dykstra  
Vice President/Director  
3880 – Constellation Rd  
Lompoc, CA 93436

Chris Oldag  
Director  
156 – Second St.  
San Francisco, CA 94105

Steve Mase  
Director  
7701 – York Ave S., Suite 120  
Edina, MN 55435

Don Charron  
Director  
6801 – East Hillsborough Ave  
Tampa, FL 33610

EC Williams  
Director  
6701 – Dale Mabry Highway South  
Tampa, FL 33611

Jeff Schwalen  
Director  
111 Empire Drive  
St. Paul, MN 55103

Jane Wood  
Director  
123 S. Marengo Avenue  
Pasadena, CA 91101