2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F9600000320

Title:

Name:

Address:

City-St-Zip:

A/S

(X) Delete

7900 GLADES ROAD, STE 610

KENNETH, MCFARLANE

BOCA RATON, FL 33434

FILED Jul 02, 2007 Secretary of State

Entity Na	me: PRIORITY	CAPITAL CORP.				
Current Principal Place of Business:				New Principal Place of Business:		
7900 GLAI #610	DES ROAD			1801 N. MI #203	LITARY TRAIL	-
	TON, FL 33434	US			TON, FL 3343	1 US
Current Mailing Address:				New Mailing Address:		
7900 GLADES ROAD #610				1801 N. MILITARY TRAIL #203		
	TON, FL 33434	US			TON, FL 3343	1 US
FEI Number	: 11-3191168	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and	l Address of Cu	ırrent Registered Agent:		Name and	Address of N	New Registered Agent:
	DAVID TO VECCHIO F BEACH, FL 334					
	e named entity so e of Florida.	ubmits this statement for the	purpose o	f changing i	ts registered o	office or registered agent, or both,
SIGNATUI	RE:					
	Electroni	Signature of Registered Ag	jent			Date
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P/D () I MILLER, DAVID 7900 GLADES R BOCA RATON, F			Title: Name: Address: City-St-Zip:	MILLER, DAVID	ARY TRAIL, STE 203
Title: Name: Address: City-St-Zip:	S () I MILLER, SCOTT 7900 GLADES R BOCA RATON, F	OAD, STE 610		Title: Name: Address: City-St-Zip:	MILLER, SCOT	ARY TRAIL, STE 203
Title: Name: Address: City-St-Zip:	A/S () I LAURIE, CILLO 7900 GLADES R BOCA RATON. F			Title: Name: Address: City-St-Zip:	PELTZ, SUSAN	ARY TRAIL, STE 203

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID MILLER P/D 07/02/2007

() Change () Addition