

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006238

FILED
Mar 30, 2005
Secretary of State

Entity Name: PRIMAL CONNECTION, INC.

Current Principal Place of Business:

9205 BRIDLE PATH
SEBRING, FL 33875

New Principal Place of Business:

Current Mailing Address:

9205 BRIDLE PATH
SEBRING, FL 33875

New Mailing Address:

FEI Number: 65-1141270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCOLLUM & RINALDO, P.A.
129 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEAVITT, FRED
Address: 9205 BRIDLE PATH
City-St-Zip: SEBRING, FL 33875

Title: VD () Delete
Name: MIRIANI, DENISE
Address: 5717 1ST AVENUE
City-St-Zip: SEBRING, FL 33875

Title: STD () Delete
Name: LEAVITT, GAIL H
Address: 9205 BRIDLE PATH
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: HIDDEN, DONNA L
Address: 909 DETJENS DAIRY RD.
City-St-Zip: VENUS, FL 33960

Title: D (X) Delete
Name: STANFOD, ANDY
Address: 2009 LAEK WOOD DR.
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL LEAVITT

SEC

03/30/2005

Electronic Signature of Signing Officer or Director

Date