

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006238

FILED  
Apr 02, 2008  
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: TREA ( ) Delete  
Name: GILBERT, PURCILLA  
Address: 3525 US HIGHWAY 27 NORTH  
City-St-Zip: SEBRING, FL 33870

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TREA (X) Change ( ) Addition  
Name: LEAVITT, GAIL  
Address: 9205 BRIDLE PATH  
City-St-Zip: SEBRING, FL 33875

Title: SEC (X) Change ( ) Addition  
Name: HARDT, MALKA  
Address: 9207 BRIDLE PATH  
City-St-Zip: SEBRING, FL 33875

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

SIGNATURE: GAIL LEAVITT

TRES

04/02/2008

Electronic Signature of Signing Officer or Director

Date