

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003964

FILED
Jul 26, 2007
Secretary of State

Entity Name: THE PRYMUS ANGELS CORPORATION

Current Principal Place of Business:

5204 NORTHWEST 184 LANE
CAROL CITY, FL 33055

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 170365
HIALEAH, FL 33017

New Mailing Address:

FEI Number: 59-2356574 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

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: PCEO () Delete
Name: PRYMUS, ROBERT N JR.
Address: 5204 NORTHWEST 184 LANE
City-St-Zip: CAROL CITY, FL 33055

Title: TD () Delete
Name: PRYMUS, ROBERT N JR.
Address: 5204 NORTHWEST 184 LANE
City-St-Zip: CAROL CITY, FL 33055

Title: VCOO () Delete
Name: PRYMUS, NEKESHA A
Address: 5204 NORTHWEST 184 LANE
City-St-Zip: CAROL CITY, FL 33055

Title: D () Delete
Name: PRYMUS, NEKESHA A
Address: 5204 NORTHWEST 184 LANE
City-St-Zip: CAROL CITY, FL 33055

Title: SD () Delete
Name: MORLEY, LACLEVEIA E
Address: 5204 NORTHWEST 184 LANE
City-St-Zip: CAROL CITY, FL 33055

Title: D () Delete
Name: DAVIS, ANTHONY M
Address: 5204 NORTHWEST 184 LANE
City-St-Zip: CAROL CITY, FL 33055

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: SD (X) Change () Addition
Name: JONES, TARANETHA
Address: 5204 NORTHWEST 184 LANE
City-St-Zip: CAROL CITY, FL 33055

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

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: RNP

PCEO

07/26/2007

Electronic Signature of Signing Officer or Director

Date