

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90046 038 \*\*\*150.00

<b>DOCUMENT # P00000089363</b> 1. Entity Name <b>PRIME SHELL, INC.</b>					
Principal Place of Business <b>11404 SW 106TH AVENUE</b> <b>MIAMI, FL 33176</b>			Mailing Address <b>11404 SW 106TH AVENUE</b> <b>MIAMI, FL 33176</b>		
2. Principal Place of Business - No P.O. Box # <b>13057 SW 133 CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>13057 SW 133 CT.</b> Suite, Apt. #, etc.			
City & State <b>MIAMI, FL</b> Zip <b>33186</b>		City & State <b>MIAMI, FL</b> Zip <b>33186</b>		Country <b>USA</b>	
4. FEI Number <b>65-1047921</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DI MERCURIO, CHRISTOPHER J</b> <b>11404 SW 106TH AVENUE</b> <b>MIAMI, FL 33176</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State <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 <u><i>Chris Dimercurio</i></u> <i>Chris Dimercurio President</i> <i>1/16/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDST</b> <b>DI MERCURIO, CHRISTOPHER J</b> <b>11404 SW 106TH AVENUE</b> <b>MIAMI, FL 33176</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>DIMERCURIO, SHANNON J</b> <b>11404 SW 106TH AVE</b> <b>MIAMI, FL 33176</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Chris Dimercurio</i></u> <i>1/16/08</i> <i>(305) 232-821</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					