2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064044

Entity Name: PRIME ELEMENTS, INC.

FILED Feb 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1700 N BAY RD. BLDG 1 APT 17 SUNNY ISLES, FL 33160 1112 CANOPY OAKS DRIVE MINNEOLA, FL 34715 US

Current Mailing Address: New Mailing Address:

FEI Number: 47-0870424 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FERNANDEZ, JOSEPH G

1700 N BAY RD. BLDG 1 APT 17

TAMPA, FL 33610 US

GIAMMARESI, ANTHONY
1112 CANOPY OAKS DRIVE
MINNEOLA, FL 33610 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: ANTHONY GIAMMARESI 02/14/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition FERNANDEZ, JOSEPH G GIAMMARESI, ANTHONY Name: Name: 1700 N. BAY RD APT 17 1112 CANOPY OAKS DRIVE Address: Address: City-St-Zip: SUNNY ISLES, FL 33610 City-St-Zip: SUNNY ISLES, FL 33610

Title: DVP () Delete Title: DS (X) Change () Addition Name: GIAMMARESI, ANTHONY Name: RICHARDO, KENNETH

Address: 18535 OTTER WOOD AVE. Address: 1112 CANOPY OAKS DRIVE
City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

Title: DS (X) Delete Title: () Change () Addition

 Name:
 RICHARDO, KENNETH
 Name:

 Address:
 1112 CANOPY OAKS DR
 Address:

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:

Title: DT (X) Delete Title: () Change () Addition

 Name:
 WILSON, MATTHEW
 Name:

 Address:
 1112 CANOPY DRIVE
 Address:

 City-St-Zip:
 SAINT CLOUD, FL 34771
 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY GIAMMARESI P 02/14/2005