2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2006
Secretary of State

DOCUMENT# P03000080076

Entity Name: PRISM RESEARCH GROUP, INC.

Current Principal Place of Business:

2019 SAMANTHA LN
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

2019 SAMANTHA LN
VALRICO, FL 33594

New Mailing Address:

FEI Number: 36-4537036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KARA, ALEXANDER L
2019 SAMANTHA LN
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

ALEXANDER, KARA L
2019 SAMANTHA LN
VALRICO, FL 33594 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: KARA L ALEXANDER 01/08/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALEXANDER, KARA L
Address: 2019 SAMANTHA LN
City-St-Zip: VALRICO, FL 33594

Title: VP ( ) Delete
Name: ALEXANDER, WILLIAM B DR.
Address: 2019 SAMANTHA LN
City-St-Zip: VALRICO, FL 33594

Title: VD ( ) Delete
Name: MERCER, THOMAS DR.
Address: 513 WOOD DUCK LN
City-St-Zip: ANNAPOLIS, MD 21401

Title: VD ( ) Delete
Name: VIATELLA, JOHN DR.
Address: 11048 PORTOBELO DRIVE
City-St-Zip: SAN DIEGO, CA 92124

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. WILLIAM B. ALEXANDER VP 01/08/2006
Electronic Signature of Signing Officer or Director Date