2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000088275

Entity Name: PRIME HOMEBUILDERS, INC.

Apr 22, 2005 Secretary of State

ncipal Place of Business:
i

21218 SAINT ANDREWS BLVD - STE 510 BOCA RATON, FL 33433

Current Mailing Address: New Mailing Address:

21218 SAINT ANDREWS BLVD - STE 510 BOCA RATON, FL 33433

FEI Number: 80-0112239 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:

GREENFIELD, STEVEN B ESQ 7000 W PALMETTO PARK RD STE 402 BOCA RATON, FL 33433 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:

Name:

Address: City-St-Zip: Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ABBO, EVA

BOCA RATON, FL 33433

21218 SAINT ANDREWS BLVD - STE 510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

ABBO, LARRY M Name: Name: ABBO, FREDDY

21218 SAINT ANDREWS BLVD - STE 510 21218 ST. ANDREWS BLVD. SUITE#510 Address: Address:

City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: BOCA RATON, FL 33433

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

Name: ABBO, FREDDY Name: ABBO, LARRY

21218 SAINT ANDREWS BLVD - STE 510 21218 SAINT ANDREWS BLVD - STE 510 Address: Address:

BOCA RATON, FL 33433 BOCA RATON, FL 33433 City-St-Zip: City-St-Zip:

(X) Change () Addition Title: VP. () Delete Title:

ABBO, LARRY ABBO, EDWARD Name: Name:

21218 SAINT ANDREWS BLVD - STE 510 21218 SAINT ANDREWS BLVD - STE 510 Address: Address:

BOCA RATON, FL 33433 City-St-Zip: BOCA RATON, FL 33433 City-St-Zip:

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

ABBO, EDWARD ABBO, EVA Name: Name:

Address: 21218 SAINT ANDREWS BLVD - STE 510 Address: 21218 SAINT ANDREWS BLVD - STE 510

City-St-Zip: City-St-Zip: BOCA RATON, FL 33433 BOCA RATON, FL 33433

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

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 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: LARRY M. ABBO VΡ 04/22/2005