2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136556

Entity Name: PRIME BANK

FILED Jan 08, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace of Business:	New Principal Place of Business.

2955 PINEDA CAUSEWAY, STE 119 5770 NORTH WICKHAM ROAD MELBOURNE, FL 32940 MELBOURNE, FL 32940

Current Mailing Address: New Mailing Address:

PO BOX 410369 MELBOURNE, FL 32941

FEI Number: 20-1662568 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

COCOA, FL 32922

IRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete Title: D (X) Change () Addition

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

 Name:
 COLEMAN, MICHAEL
 Name:
 COLEMAN, MICHAEL

 Address:
 2955 PINEDA CAUSEWAY, STE 119
 Address:
 5770 NORTH WICKHAM ROAD

 City-St-Zip:
 MELBOURNE, FL 32940
 City-St-Zip:
 MELBOURNE, FL 32940

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

 Name:
 HERMANSEN, BJORNAR
 Name:
 HERMANSEN, BJORNAR

 Address:
 2955 PINEDA CAUSEWAY, STE 119
 Address:
 5770 NORTH WICKHAM ROAD

City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: MELBOURNE, FL 32940

Title: D (X) Change () Additi

Title: D () Delete Title: D (X) Change () Addition Name: HERMANSEN, TOM Name: HERMANSEN, TOM

 Address:
 2955 PINEDA CAUSEWAY, STE 119
 Address:
 5770 NORTH WICKHAM ROAD

 City-St-Zip:
 MELBOURNE, FL 32940
 City-St-Zip:
 MELBOURNE, FL 32940

Title: D () Delete Title: () Change () Addition

 Name:
 KANCILIA, JOHN
 Name:

 Address:
 1800 HIBISCUS BLVD, STE S-138
 Address:

 City-St-Zip:
 MELBOURNE, FL 32922
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition Name: KILBORNE, DANA Name: KILBORNE, DANA

Address: 2955 PINEDA CAUSEWAY, STE 119 Address: 5770 NORTH WICKHAM ROAD

City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete Title: () Change () Addition Name: KIRSCHENBAUM, MALCOLM Name: Address: 516 DELANNOY AVE Address:

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.

City-St-Zip:

SIGNATURE: TODD WENZEL CFO 01/08/2007