

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90056 037 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |                                                                                                                        |                                                                                                                                                                  |                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000172456</b><br>1. Entity Name<br><b>PRIME PLUS ACQUISITION CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 |                                                                                                                        |                                                                                                                                                                  |                                                                   |  |
| Principal Place of Business<br><b>15924 ASSEMBLY LOOP<br/>JUPITER, FL 33478</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |                                                                                                                        | Mailing Address<br><b>15924 ASSEMBLY LOOP<br/>JUPITER, FL 33478</b>                                                                                              |                                                                   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                              |                                                                                                                                                                  | <b>66006644</b><br>                                               |  |
| 4. FEI Number <b>20-2060601</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |                                                                                                                        |                                                                                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                                                                                        |                                                                                                                                                                  | <b>\$8.75</b> Additional Fee Required                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HOCHMAN, ELLIOT F<br/>3300 PGA BLVD., SUITE 500<br/>PALM BEACH GARDENS, FL 33410</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 |                                                                                                                        | 7. Name and Address of New Registered Agent<br><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <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 _____ DATE _____<br><small>Signatures, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when re-electing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 |                                                                                                                        |                                                                                                                                                                  |                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                                                                                                  |                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                 |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                            |                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D<br>O'BRIEN, THERESA<br>351 CLUB CIRCLE, UNIT 205<br>BOCA RATON, FL 33487      | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D<br>GALLAGHER, THOMAS P<br>155 VILLAGE BLVD., SUITE 201<br>PRINCETON, NJ 08540 | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D<br>DELL, JOHN E<br>15924 ASSEMBLY LOOP<br>JUPITER, FL 33478                   | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Theresa O'Brien</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                 |                                                                                                                        | Date: <i>2/14/05</i> Daytime Phone #: <i>732-995-2751</i>                                                                                                        |                                                                   |  |