2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P04000172456

1. Entity Name

PRIME PLUS ACQUISITION CORP.



FILED Mar 22, 2006 08:00 Al Secretary of State

Principal Place of Business

15924 ASSEMBLEY LOOP

JUPITER, FL 33478

Mailing Address

15924 ASSEMBLEY LOOP JUPITER FL 33478



DO NOT WRITE IN THIS SPACE

No Chg-P 03172006

CR2E034 (11/05)

4. FEI Number 20-2060601

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOCHMAN, ELLIOT F 3300 PGA BLVD., SUITE 500 PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

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	fam familiar with, and accept
the obligations of registered agent.	

SIGNATURE.

Signature, typed or printed name of registered agent and tide if applicable.

"(NOTE, Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000477169 04/06/06-80041-014 150.00

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Į	10.	OFFICERS AND DIRECTORS
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, THERESA 351 CLUB CIRCLE, UNIT 205 BOCA RATON, FL 33487
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, THOMAS P 155 VILLAGE BLVD., SUITE 201 PRINCETON, NJ 08540
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELL, JOHN E 15924 ASSEMBLY LOOP JUPITER, FL 33478
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
***************************************	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	TITLE NAME	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 of trusted 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

100

Daytime Phone #