

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # P04000172456

1. Entity Name
PRIME PLUS ACQUISITION CORP.



Principal Place of Business
**15924 ASSEMBLY LOOP
JUPITER, FL 33478**

Mailing Address
**15924 ASSEMBLY LOOP
JUPITER, FL 33478**



02262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2060601	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	O'BRIEN, THERESA
STREET ADDRESS	351 CLUB CIRCLE, UNIT 205
CITY-ST-ZIP	BOCA RATON, FL 33487

TITLE	D
NAME	GALLAGHER, THOMAS P
STREET ADDRESS	155 VILLAGE BLVD., SUITE 201
CITY-ST-ZIP	PRINCETON, NJ 08540

TITLE	D
NAME	DELL, JOHN E
STREET ADDRESS	15924 ASSEMBLY LOOP
CITY-ST-ZIP	JUPITER, FL 33478

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theresa O'Brien, President

Date

Daytime Phone #

2/28/07 132-995-2751