## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000085235

BIRBILIS, DANIEL

STUART, FL 34994

10 SE CENTRAL PARKWAY, SUITE 225

Name:

Address:

City-St-Zip:

FILED Apr 26, 2006 Secretary of State

Entity Name: PRIME MARKET INVESTMENTS, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
3300 PGA I PALM BEA	BLVD., SUI CH GARDE	TE 570 ENS, FL 33410					
Current Mailing Address:				New Mailing Address:			
3300 PGA I PALM BEA		TE 570 ENS, FL 33410					
FEI Number:	14-1932404	FEI Number Applied For ( )	FEI Num	nber Not Appl	icable ( )	Certificate of Status Des	ired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
WHITMER, LISA M 10 SE CENTRAL PARKWAY SUITE 225 STUART, FL 34994 US				WHITMER, LISA M 3300 PGA BLVD. SUITE 570 PALM BEACH GARDENS, FL 33410 US			
The above in the State		ty submits this statement for t	the purpose of	f changing i	ts registered	office or registered ager	nt, or both,
SIGNATURE: LISA M. WHITMER				04/26/2006			
	Elect	ronic Signature of Registered	Agent			Date	
Election Carr	npaign Finan	eing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	C, P LOSEE, MA 10 SE CENT STUART, FL	RAL PARKWAY, SUITE 225		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:		( ) Delete K, GERALDINE J RAL PARKWAY, SUITE 225 34994		Title: Name: Address: City-St-Zip:	MAGALNICK, 3300 PGA BL	X) Change ( ) Addition GERALDINE J VD., SUITE 570 I GARDENS, FL 33410	
Title: Name: Address: City-St-Zip:	D WHITMER, I 10 SE CENT STUART, FL	RAL PARKWAY, SUITE 225		Title: Name: Address: City-St-Zip:	WHITMER, LÎ 3300 PGA BL	X) Change ()Addition SA M VD., SUITE 570 I GARDENS, FL 33410	
Title: Name: Address: City-St-Zip:	D WILKENSOI 10 SE CENT STUART, FL	RAL PARKWAY, SUITE 225		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title:	D	(X) Delete		Title:	(	) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: GERALDINE MAGALNICK Ρ 04/26/2006