2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132068

City-St-Zip:

ST. AUGUSTINE, FL 32086 US

Entity Name: PRIME FOCUS PRODUCTIONS, INC

FILED Jul 25, 2008 Secretary of State

Littly Nai	ile. FRIIVIETO	SUS PRODUCTIONS, INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
SUITE 119	WY 1 SOUTH PMB 195 STINE, FL 3208	34 US				
Current M	ailing Address	:	New Maili	ng Addres	s:	
1835 US HWY 1 SOUTH SUITE 119 PMB 195 ST. AUGUSTINE, FL 32084 US				803 RAMBLING DR. CIRCLE WELLINGTON, FL 33414 US		
FEI Number:	35-2261912	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
	, EVE W LING DR. CIRCI FON, FL 33414					
	named entity su e of Florida.	bmits this statement for the	purpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electronic	Signature of Registered Ag	jent		Date	
		2)(b), F.S., the corporation did n Frust Fund Contribution ().	ot receive the prior notic	e.		
OFFICERS	S AND DIRECTO	ORS:	ADDITION	IS/CHANG	ES TO OFFICERS AND DIRECTOR	₹S:
Title: Name: Address: City-St-Zip:	P () D WALLACE, EVE V 803 RAMBLING D WELLINGTON, FI	DR. CIRCLE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	CEO () D WALLACE, LARR 803 RAMBLING D WELLINGTON, FI	R. CIRCLE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	WALLACE, JOSH	Delete IUA T SOUTH SUITE 18 PMB B-13	Title: Name: Address:	VP WALLACE, 803 RAMBL	(X) Change ()Addition JOSHUA T ING DR. CIRCLE	

I hereby certify that the information supplied with this filing does not qualify 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:

WELLINGTON, FL 33414 US

SIGNATURE: LARRY WALLACE CEO 07/25/2008