

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000013601 1. Entity Name PRIMA SERVICES, INC.	
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Principal Place of Business 13577 FEATHER SOUND DRIVE SUITE 300 CLEARWATER, FL 33762	Mailing Address 13577 FEATHER SOUND DRIVE SUITE 300 CLEARWATER, FL 33762
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DO NOT WRITE IN THIS SPACE

01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4639693	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

LUDIN, ERIC ESQ
 13577 FEATHER SOUND DRIVE SUITE 300
 CLEARWATER, FL 33762

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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SEGUIN, ELYAS 260 W DAKOTA COURT HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOINET, OLIVIER C/O 13577 FEATHER SOUTH DRIVE, #300 CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/07/08-80016-006 150.00

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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

Date: 1/22/8 _____
Date

Daytime Phone # _____
Daytime Phone #