

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30067

FILED
Apr 30, 2008
Secretary of State

Entity Name: PRUDENTIAL REFERRAL SERVICES, INC.

Current Principal Place of Business:

3333 MICHELSON DRIVE
SUITE 1000
IRVINE, CA 92612

New Principal Place of Business:

Current Mailing Address:

213 WASHINGTON STREET
CORP TAX DIV. 8TH FLOOR
NEWARK, NJ 071023777

New Mailing Address:

FEI Number: 13-3203133 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AC () Delete
Name: PAVLOU, JANICE
Address: 213 WASHINGTON STREET
City-St-Zip: NEWARK, NJ 07102

Title: AC () Delete
Name: CAMPEN, DAVID S
Address: 213 WASHINGTON STREET
City-St-Zip: NEWARK, NJ 07102

Title: AC () Delete
Name: NOWAKOWSKI, CAROL
Address: 213 WASHINGTON STREET
City-St-Zip: NEWARK, NJ 07102

Title: ASA () Delete
Name: MANSUR-BROWN, PATRICIA M
Address: 3333 MICHELSON DR SUITE 1000
City-St-Zip: IRVINE, CA 92612

Title: VP () Delete
Name: DAVIES, DOUGLAS G
Address: 3333 MICHELSON DR SUITE 1000
City-St-Zip: IRVINE, CA 92612

Title: P () Delete
Name: LEE, EARL W
Address: 3333 MICHELSON DR STE 1000
City-St-Zip: IRVINE, CA 92612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CAROL NOWAKOWSKI

AC

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date