2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 09, 2004 08:00 AM Secretary of State

DOCUMENT # P	'93000056387
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1. Entity Name PRIME RESEARCH GROUP, INC.



Principal Place of Business

Mailing Address

1904 WINDIAMMER LANE ST.AGUSTINE, FL 32084

SIGNATURE:

1904 WINDIAMMER LANE ST.AGUSTINE, FL 32084



No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3204583

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, C. HOLT III 233 EAST BAY STREET, SUITE 930 JACKSONVILLE, FL 32202

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			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 use of applicable (NOTE Registered Agent eignature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000043495 02/10/04-80068-009 150.00		
10.	OFFICERS AND DIREC	TORS		A Company of the Comp		
TITLE	DP			· '=		
NAME	NEFF, KENNETH N					
STREET ADDRESS	1904 WINDJAMMER LANE	l l				
CITY-ST-ZIP	ST.AUGUSTINE, FL 32084					
TITLE	DST			- "- <u></u>		
NAME	NEFF, KAY L					
STREET ADORESS	1904 WINDJAMMER LANE					
City-ST-ZIP	ST.AUGUSTINE, FL 32084					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
BILE .						
NAME						
STREET ADDRESS		į.				
City-St-Zip		l l				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee empoyared to execute this epfort as mourred by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address with all other like empowered.						

NAME OF SIGNING OFFICER OR DIRECTOR