2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000089121

Entity Name: PRIME MATE PRODUCTIONS, INC.

FILED May 17, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 450157 1929 NE 174TH STREET

MIAMI, FL 33245 US NORTH MIAMI BEACH, FL 33162 US

Current Mailing Address: New Mailing Address:

P.O. BOX 450157 P.O. BOX 610806

MIAMI, FL 33245 US NORTH MIAMI, FL 33261 US

FEI Number: 65-0563939 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NAPLES, MICHELLE D VS P.O. BOX 450157 NAPLES, MICHELLE D VS 1929 NE 174TH STREET

MIAMI, FL 33245 US NORTH MIAMI BEACH, FL 33162 US

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: 05/17/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VS () Delete Title: VS (X) Change () Addition

Name:NAPLES, MICHELLE D VSName:NAPLES, MICHELLE D VSAddress:P.O. BOX 450157Address:P.O. BOX 610806

City-St-Zip: MIAMI, FL 33245 US City-St-Zip: NORTH MIAMI, FL 33261 US

Title: PT () Delete Title: PT (X) Change () Addition Name: PILA, MANUEL PT Name: PILA, MANUEL PT

Address: P.O. BOX 450157 Address: P.O. BOX 610806

City-St-Zip: MIAMI, FL 33245 US City-St-Zip: NORTH MIAMI, FL 33261 US

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: MANUEL PILA PT 05/17/2007

Electronic Signature of Signing Officer or Director

Date