2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000026458

Entity Name: PRIME CAPITAL RESOURCES, INC.

FILED Sep 01, 2005 Secretary of State

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

1122 CONEY ISLAND AVENUE 1325 AIRMOTIVE WAY SUITE 214 SUITE 175

BROOKLYN, NY 11230 RENO, NV 89502

Current Mailing Address: New Mailing Address:

1122 CONEY ISLAND AVENUE 1325 AIRMOTIVE WAY SUITE 214 SUITE 175 RENO, NV 89502

FEI Number: 59-3382592 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:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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: LYNETTE COLEMAN

Electronic Signature of Registered Agent Date

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

BROOKLYN, NY 11230

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

RENO, NV 89502

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

Name: MANDELBAUM, A.D. Name: J.D., HOLMES
Address: 1122 CONEY ISLAND AVENUE, 214 Address: 1325 AIRMOTIVE WAY, SUITE 175

 Address:
 1122 CONEY ISLAND AVENUE, 214
 Address:
 1325 AIRMOTIVE WAY, SUITE 175

 City-St-Zip:
 BROOKLYN, NY 11230
 City-St-Zip:
 RENO, NV 89502

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

Name: SCHWEBEL, GERALD Name: A.K., HOLMES
Address: 1122 CONEY ISLAND AVENUE, 214 Address: 1325 AIRMOTIVE WAY, SUITE 175

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

 Name:
 Name:
 SCHIEMANN, FRED

 Address:
 Address:
 385 FREEPORT, #1

 City-St-Zip:
 SPARKS, NV 89431

I hereby certify that the information supplied with this filing does not qualify for the 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 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: J.D. HOLMES PD 09/01/2005