

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000087374

FILED
Jan 23, 2007
Secretary of State

Entity Name: PRIME MANAGEMENT GROUP, INC.

Current Principal Place of Business:

6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

C/O CORPORATION SERVICES COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 65-0656418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: D () Delete
Name: PATTERSON, SCOTT D
Address: 1140 BAY ST SUITE 4000
City-St-Zip: TORONTO, ON, M55 RD4

Title: CD () Delete
Name: MYRON I. SWATT,
Address: 6300 PARK OF COMMERCE BLVD.
City-St-Zip: BOCA RATON, FL 33487

Title: ASD () Delete
Name: FRIEDRICHSEN, JOHN B
Address: 1140 BAY STREET, STE 400
City-St-Zip: TORONTO, ON M552B4

Title: CEOP () Delete
Name: SOLLINS, CHARLES
Address: 6300 PARK OF COMMERCE BLVD
City-St-Zip: BOCA RATON, FL 33487

Title: VP () Delete
Name: LESTER, ANDREW C
Address: 6300 PARK OF COMMERCE BLVD
City-St-Zip: BOCA RATON, FL 33487

Title: ST () Delete
Name: LANG, WENDY
Address: 6300 PARK OF COMMERCE BLVD
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PATTERSON, SCOTT D
Address: 1140 BAY ST SUITE 4000
City-St-Zip: TORONTO, ON M55 2B4

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

Title: ASD (X) Change () Addition
Name: FRIEDRICHSEN, JOHN B
Address: 1140 BAY STREET, STE 400
City-St-Zip: TORONTO, ON M55 2B4

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 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: WENDY LANG

ST

01/23/2007

Electronic Signature of Signing Officer or Director

_____ Date