


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

PAGE 07 AUG-3 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000087374			
1. Entity Name PRIME MANAGEMENT GROUP, INC.			
Principal Place of Business 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US		Mailing Address C/O CORPORATION SERVICES COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 <i>change</i>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6300 PARK OF COMMERCE BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33487		Zip 33487	
Country		Country	
4262007		Chg-P CR2E034 (12/06)	
4. FEI Number 65-0656418		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name: ANTHONY KALLICHE, ESQUIRE Street Address (P.O. Box Number is Not Acceptable): 2950 N. 28 TERRACE City: HOLLYWOOD FL Zip Code: 33020	
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: <i>[Signature]</i>		DATE: 6/25/07	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee <i>300107546989</i> 8/2/07-01045-007 **367.50	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: PATTERSON, SCOTT D STREET ADDRESS: 1140 BAY ST SUITE 4000 CITY-ST-ZIP: TORONTO, ON M5S 2B4	<input checked="" type="checkbox"/> Delete	TITLE: <i>SEE SD</i> NAME: RICHARD STRUIN STREET ADDRESS: 2450 N. 28 TERRACE CITY-ST-ZIP: HOLLYWOOD, FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: CD NAME: MYRON I. SWATT STREET ADDRESS: 6300 PARK OF COMMERCE BLVD. CITY-ST-ZIP: BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete	TITLE: AT NAME: DOUGLAS COOKE, G STREET ADDRESS: 1140 BAY STREET, STE 400 CITY-ST-ZIP: TORONTO ONTARIO M5S 2B4	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: ASD NAME: FRIEDRICHSEN, JOHN B STREET ADDRESS: 1140 BAY STREET, STE 400 CITY-ST-ZIP: TORONTO, ON M5S 2B4	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: STEVEN CHRISTENSEN, J STREET ADDRESS: 2950 N 28 TERRACE CITY-ST-ZIP: HOLLYWOOD, FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: CEO NAME: SOLLINS, CHARLES STREET ADDRESS: 6300 PARK OF COMMERCE BLVD CITY-ST-ZIP: BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE: CEO NAME: SOLLINS, CHARLES STREET ADDRESS: 6300 PARK OF COMMERCE Blvd CITY-ST-ZIP: BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: LESTER, ANDREW C STREET ADDRESS: 6300 PARK OF COMMERCE BLVD CITY-ST-ZIP: BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE: VP NAME: LESTER, ANDREW C STREET ADDRESS: 6300 PARK OF COMMERCE BLVD CITY-ST-ZIP: BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: LANG, WENDY STREET ADDRESS: 6300 PARK OF COMMERCE BLVD CITY-ST-ZIP: BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE: CFO NAME: LANG, WENDY STREET ADDRESS: 6300 PARK OF COMMERCE Blvd CITY-ST-ZIP: BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date: 8/2/07 Daytime Phone #: 561-989-5071	

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City & State		City & State		04262007 Chg-P CR2E034 (12/06)	
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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: <u><i>[Signature]</i></u> DATE: <u>6/25/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATTERSON, SCOTT D 1140 BAY ST SUITE 4000 TORONTO, ON M5S 2B4 <i>SEE PAGE 1</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOMAS ROSES 2950 N 28 TERRACE HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MYRON I. SWATT 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD FRIEDRICHSEN, JOHN B 1140 BAY STREET, STE 400 TORONTO, ON M5S 2B4	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOP SOLLINS, CHARLES 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LESTER, ANDREW C 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LANG, WENDY 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>8/2/07</u> Daytime Phone #: <u>561-989-5071</u>		