

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90006 009 ***150.00

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 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0656418	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANTHONY KALLICHE, ESQUIRE 2950 N 28 TERRACE HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE SD NAME STRUNIN, RICHARD D STREET ADDRESS 2950 N 28 TERRACE CITY-ST-ZIP HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete				
TITLE AT NAME COOKE, DOUGLAS G STREET ADDRESS 1140 BAY STREET, STE 400 CITY-ST-ZIP TOTONO, ONTARIO, M552BY	<input type="checkbox"/> Delete				
TITLE D NAME CHRISTENSEN, STEVEN J STREET ADDRESS 2950 N 28 TERRACE CITY-ST-ZIP HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete				
TITLE CEOP NAME SOLLINS, CHARLES STREET ADDRESS 6300 PARK OF COMMERCE BLVD CITY-ST-ZIP BOCA RATON, FL 33487	<input type="checkbox"/> Delete				
TITLE VPD NAME LESTER, ANDREW C STREET ADDRESS 6300 PARK OF COMMERCE BLVD CITY-ST-ZIP BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete				
TITLE CFOT NAME LANG, WENDY STREET ADDRESS 6300 PARK OF COMMERCE BLVD CITY-ST-ZIP BOCA RATON, FL 33487	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE STEPHAN EVP NAME STEPHAN TITLE MAN STREET ADDRESS 2950 N. 28 TERR. CITY-ST-ZIP HOLLYWOOD, FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE SECY NAME ANTHONY KALLICHE STREET ADDRESS 2950 N. 28 TERR CITY-ST-ZIP HOLLYWOOD, FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE ASST SECY NAME JOHN B. Friedrichsen STREET ADDRESS 2950 N. 28 Terr CITY-ST-ZIP HOLLYWOOD, FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE TREASURER NAME POB RABIN STREET ADDRESS 2950 N. 28 TERR CITY-ST-ZIP HOLLYWOOD, FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE DIRECTOR NAME TOMAS ROSES STREET ADDRESS 2950 N. 28 TERR CITY-ST-ZIP HOLLYWOOD, FL 33020	<input type="checkbox"/> Change <input checked="" 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:				2/18/08 561-989-5044	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	