

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005734

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: PRIME INSURANCE SERVICES, INC.

## Current Principal Place of Business:

3300 SPRINGDALE BLVD.  
M-119  
PALM SPRINGS, FL 33461 US

## New Principal Place of Business:

930 MONTGOMERY AVE.  
#607  
BRYN MAWR, PA 19010 US

## Current Mailing Address:

24 N. BRYN MAWR AVE.  
#163  
BRYN MAWR, PA 19010 US

## New Mailing Address:

FEI Number: 65-0721667      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JAMISON, JANE W  
3300 SPRINGDALE BLVD.  
M-119  
PALM SPRINGS, FL 33461 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: P ( ) Delete  
Name: JAMISON, DAVID J  
Address: 930 MONTGOMERY AVE. #607  
City-St-Zip: BRYN MAWR, PA 19010

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DAVID JAMISON

P

04/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date