

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V11578

FILED
Apr 15, 2009
Secretary of State

Entity Name: PRIME BUSINESS SERVICES, INC.

Current Principal Place of Business:

500 5TH AVE SOUTH
SUITE 524
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

500 5TH AVE SOUTH
SUITE 524
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 65-0417065 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOMMERS, JANE
249 LAGOON AVE
NAPLES, FL 34108 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: PRES () Delete
Name: SOMMERS, JANE
Address: 249 LAGOON AVE
City-St-Zip: NAPLES, FL 34108

Title: VP () Delete
Name: SCHALK, JULIA
Address: 681 POMPANO DR
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JANE SOMMERS

PRES

04/15/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date