

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060097

FILED
May 09, 2006
Secretary of State

Entity Name: PRESTIGE ALLIANCE GROUP LLC

Current Principal Place of Business:

5574 COMMERCIAL BLVD.
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

5574 COMMERCIAL BLVD.
WINTER HAVEN, FL 33880 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GARRARD, LOUIS F V
5574 COMMERCIAL BLVD.
WINTER HAVEN, FL 33880 US

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GARRARD, LOUIS F V
Address: 5574 COMMERCIAL BLVD.
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: MGR () Delete
Name: BOCK, THOMAS A
Address: 4601 DOGWOOD
City-St-Zip: BRANDON, FL 33511 US

Title: MGR () Delete
Name: SMITH, WILLIAM
Address: 13929 WALDEN SHEFFIELD ROAD
City-St-Zip: DOVER, FL 33527

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LOUIS GARRARD

MR

05/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date