2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 15, 2008
Secretary of State

DOCUMENT# L05000060097

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: 20-2987238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

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 (X) 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: MGR (X) Change ( ) Addition
Name: SMITH, WILLIAM
Address: 3522 SAM ALLEN OAKS CIRCLE
City-St-Zip: PLANT CITY, FL 33565

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 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: WILLIAM A. SMITH MGR 07/15/2008

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