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Apr 28, 2006 8:00 am
Secretary of State
04-11-2006 90117 025 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000060396

1. Entity Name
PRESTIGE VIDEO PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
1831 SHADOW CREEK RD GREENACRES, FL 33413	1831 SHADOW CREEK RD GREENACRES, FL 33413

66012826

04022006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1059 Sweet Briar Pl.	1059 Sweet Briar Pl.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington, FL	City & State: Wellington, FL
Zip: 33414 Country:	Zip: 33414 Country:

4. FEI Number: 03-0464853 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLOUTIER, JASON
1831 SHADOW CREEK RD
GREENACRES, FL 33413

7. Name and Address of New Registered Agent

Name: Cloutier, Jason
Street Address (P.O. Box Number is Not Acceptable): 1059 Sweet Briar Pl.
City: Wellington FL Zip Code: 33414

8. 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.

SIGNATURE X [signature] X 4/6/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOUTIER, JASON 1831 SHADOW CREEK RD GREENACRES, FL 33413	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Cloutier, Jason 1059 Sweet Briar Pl. Wellington, FL 33414	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: X [signature] X 4/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #