


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90192 014 ***150.00

DOCUMENT # F50436 1. Entity Name PRESTIGE AUTOMOTIVE SERVICE, INC.	
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Principal Place of Business 103 CORPORATION WAY VENICE, FL 34292	Mailing Address 103 CORPORATION WAY VENICE, FL 34292
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2. Principal Place of Business - No P.O. Box # 691 POND WILLOW LANE	3. Mailing Address 691 POND WILLOW LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State VENICE, FL	City & State VENICE, FL	4. FEI Number 59-2139300	Applied For <input type="checkbox"/> Not Applicable
Zip 34292	Country	Zip 34292	Country



04182007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent MONDOR, ANDRE R 691 POND WILLOW LANE VENICE, FL 34292	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S WILLMAN, CAROL	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5629 ESTATES DRIVE		NAME		
STREET ADDRESS	NORTH PORT, FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DV WILLMAN, DELL	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5629 ESTATES DRIVE		NAME		
STREET ADDRESS	NORTH PORT, FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PD MONDOR, ANDRE R	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	691 POND WILLOW LANE		NAME		
STREET ADDRESS	VENICE, FL 34292		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T MONDOR, THERESE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	691 POND WILLOW LANE		NAME		
STREET ADDRESS	VENICE, FL 34292		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Carol J. Willman **CAROL J. WILLMAN** 4/18/07 941-423-2662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #