

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90270 031 ***150.00

DOCUMENT # J44259

1. Entity Name
PRODIGAL MILLENNIUM SOLUTIONS, INC.



Principal Place of Business
**3693 COASTAL VIEW DR.
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**3693 COASTAL VIEW DR.
JACKSONVILLE BEACH, FL 32250**

60027120



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2786733

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**EDELBERG, CARAL
3693 COASTAL VIEW DRIVE
JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE
IN THIS SPACE**

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 *Caral Edelberg* *Pres* *1-31-06*
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
EDELBERG, CARAL
3693 COASTAL VIEW DRIVE
JACKSONVILLE BEACH, FL 32250**

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IN THIS SPACE**

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: *Caral Edelberg*
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY, OFFICER OR DIRECTOR

1-31-06 *904*
518-9882
Date Deponent's Phone