2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 16, 2007 08:00 A Secretary of State

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1. Entity Name

PRESTIGE TECHNOLOGY CORPORATION



Principal Place of Business

Mailing Address

5300 W. ATLANTIC AVENUE,

5300 W. ATLANTIC AVENUE

SUITE # 412 DELRAY BEACH, FL 33484 SUITE # 412 DELRAY BEACH, FL 33484

CR2E034 (11/05)

02132007 4. FEI Number No Chg-P

Applied For

5. Certificate of Status Desired

65-0110260

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUITE # 4	TLANTIC AVE,			[[] []	OT WR	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or registered a	agent, or both, in	the State of Florida	. I am famíliar with	n, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little it	applicable (NOTE Registers	d Agent signature required when	n reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.	ncing \$5.00 Added to	May Be o Fees			
10.	OFFICERS AND DIREC	TORS		i light.	Marit all	. 5 . 5 . 3 . 4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HENLEY, HUGH 5300 W. ATLANTICE AVENUE, # 412 DELARY BEACH, FL 33484				U000006	رة المسامية والس	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANT, JAMES 5300 W. ATLANTIC AVENUE, # 412 DELRAY BEACH, FL 33484				12/25/07-8	0059-008 :	150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					OT WR	2016年20日1日 1日	
NAME STREET ADDRESS CITY-ST-ZIP				IN Th	HIS SPA	(CE	
TITLE NAME STREET ADDRESS CHY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the cor	certify that the information supplied with this fit on this report or supplemental report is true a reporation or the receiver or trustee empowered	ling does not qualify for the ex and accurate and that my signa to execute this report as requ	temptions contained in ature shall have the sam irred by Chapter 607, Flo	Chapter 119, Flo ne legal effect as orida Statutes; ar	orida Statutes. I furt if made under oath nd that my name ap	her certify that the that I am an offic pears in Block 10	information er or director or Block 11 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MUGH HENSEY