


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2007 8:00 am**  
**Secretary of State**

07-24-2007 90041 024 \*\*\*150.00

<b>DOCUMENT # P00000117384</b>	
1. Entity Name <b>PRESTIGE ACCOUNTING SOLUTIONS, INC.</b>	

Principal Place of Business <b>900 SW 62ND BLVD A-1 GAINESVILLE, FL 32607</b>	Mailing Address <b>900 SW 62ND BLVD A-1 GAINESVILLE, FL 32607</b>
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DO NOT WRITE IN THIS SPACE

**40126877**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3690325</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>ADDISON, BETTY 900 SW 62ND BLVD A-1 GAINESVILLE, FL 32607</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE <b>PTD</b>	NAME <b>ADDISON, BETTY</b>
STREET ADDRESS <b>900 SW 62ND BLVD A-1</b>	CITY - ST - ZIP <b>GAINESVILLE, FL 32607</b>
TITLE <b>SD</b>	NAME <b>Rhonda Addison</b>
STREET ADDRESS <b>900 SW 62ND BLVD A-1</b>	CITY - ST - ZIP <b>GAINESVILLE FL 32607</b>
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

DO NOT WRITE 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.

<b>SIGNATURE:</b> <i>Betty Addison</i>	<b>11/10/07</b>	<b>352 337-0903</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

ATTACHMENT

40126877

# P00060117384

Prestige Accounting Solutions, Inc.

900 SW 62<sup>nd</sup> Blvd, A-1

Gainesville, FL 32607

352-337-0903

352-336-8118

July 20, 2007

Dept of State  
Division of Corporations

I sent in the signed annual report back in January, 2007. I thought I had paid the \$150.00 at that time.

I did not hear anything to the difference from the division of corporations, until July, 2007, when I just received the intent to dissolve card.

I thought this was paid back in January. This was a mistake on my part.

I request that the penalty be waived. I am sending in copy of original form and check for \$150.00 for the annual fee.

Sincerely



Betty Addison