

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 08:00 AM**  
**Secretary of State**

<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>



01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3690325</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ADDISON, BETTY 900 SW 62ND BLVD A-1 GAINESVILLE, FL 32607</b>		<b>DO NOT WRITE IN THIS SPACE</b>

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>ADDISON, BETTY 900 SW 62ND BLVD A-1 GAINESVILLE, FL 32607</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>ADDISON, RHONDA 900 SW 62ND BLVD A-1 GAINESVILLE, FL 32607</b>
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01/16/08-80072-025 150.00

**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.

SIGNATURE: Betty Addison  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-08 352-337-0903  
Date Daytime Phone #