2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Jan 13, 2006 08:00 AM **DOCUMENT # P02000008698** Secretary of State PRESTIGE PROPERTY RENTALS, INC. Mailing Address Principal Place of Business 212-4 CESSNA BLVD. 212-4 CESSNA BLVD. DAYTONA BEACH, FL 32128 DAYTONA BEACH, FL 32128 01092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0376488 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SIMPSON, PATRICIA ANN 2554 PIONEER TRAIL NEW SMYRNA BEACH, FL 32168 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ml£ NAME SIMPSON, PATRICIA ANN 2554 PIONEER TRAIL 1/000000385344 STREET ADORESS 01/18/06-80013-003 150.00 CXTY-ST-ZIP NEW SMYRNA BEACH, FL 32168 TITLE NAME STREET ADDRESS CITY-ST-719 TITLE NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not quality 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: Patricia a. Simpson

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

1-4-06