

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90268 002 \*\*\*150.00

DOCUMENT # P04000109131

1. Entity Name  
PRESTIGE VENTURES, INC.



Principal Place of Business  
3400 CHICKADEE DRIVE  
HOLIDAY, FL 34690

Mailing Address  
3400 CHICKADEE DRIVE  
HOLIDAY, FL 34690

50005649



2. Principal Place of Business

6323 Ridge Top Dr  
Suite, Apt. #, etc.

3. Mailing Address

6323 Ridge Top Dr  
Suite, Apt. #, etc.

02132006

Chg-P

CR2E034 (11/05)

City & State

New Port Richey, FL  
Zip 34655 Country

City & State

New Port Richey, FL  
Zip 34655 Country

4. FEI Number

20-1421400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LI, MATTHEW W  
3400 CHICKADEE DRIVE  
HOLIDAY, FL 34690

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6323 Ridge Top Dr

City

New Port Richey

FL

Zip Code

34655

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

**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 D ☐ Delete  
NAME LI, MATTHEW W  
STREET ADDRESS 3400 CHICKADEE DRIVE  
CITY-ST-ZIP HOLIDAY, FL 34690

TITLE D ☐ Delete  
NAME DEAN, DERRECK K  
STREET ADDRESS 2287 PRIMROSE LANE #1905  
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6323 Ridge Top Dr  
CITY-ST-ZIP New Port Richey, FL 34655

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *M*

Matthew Li

3-23-06

727-488-6079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #