

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


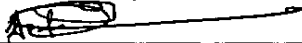

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90283 034 \*\*\*150.00

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04202005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000135870			
1. Entity Name PRODIGY INNOVATION, INC.			
Principal Place of Business 713 SW 4TH STREET HALLANDALE, FL 33009		Mailing Address 713 SW 4TH STREET HALLANDALE, FL 33009	
2. Principal Place of Business 7771 Johnson St Suite, Apt. #, etc.		3. Mailing Address 7771 Johnson St Suite, Apt. #, etc.	
City & State Pembroke Pines FL		City & State Pembroke Pines FL	
Zip 33024	Country USA	Zip 33024	Country USA
4. FEI Number 201653315		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADDISON, ANDRE A 713 SW 4TH STREET HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name ADDISON ANDRE A Street Address (P.O. Box Number is Not Acceptable) 7771 Johnson St City Pembroke Pines FL Zip Code 33024	
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 		DATE 04/20/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADDISON, ANDRE A 713 SW 4TH STREET HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDISON, ANDRE A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7771 Johnson St Pembroke Pines, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		04/20/05 (954)986-0078	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	