FILED
May 24, 2006 8:00 am
Secretary of State

05-24-2006 90008 049 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000165371

1. Entity Name
PRINCE HOLDINGS CORP.

20046362

Principal Place of Business	Mailing Address
501 SE BECKER RD PORT SAINT LUCIE, FL 34984	717 EAST OAK STREET KISSIMMEE, FL 34746

04122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1517 Via Cassia Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Henderson, NV		City & State	
Zip: 89052	Country: US	Zip	Country

4. FEI Number: 20-1980774 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRINCE, BRANDON 501 SE BECKER RD PORT SAINT LUCIE, FL 34984	Name: Harry J. Swart Street Address (P.O. Box Number is Not Acceptable): 717 East Oak Street City: Kissimmee FL Zip Code: 34744

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 ____________ 4-12-06
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRINCE, BRANDON 3652 SE FORECASTLE COURT STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 1517 Via Cassia Street Henderson, NV 89052	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PRINCE, AMY 3652 SE FORECASTLE COURT STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 1517 Via Cassia Street Henderson, NV 89052	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: ____________ 4/18/06 702-423-2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #