


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90068 050 ***150.00

DOCUMENT # P06000016878	
1. Entity Name PRODIGY CUSTOM, INC.	

Principal Place of Business 1320 SE FEDERAL HIGHWAY SUITE 102 STUART FL 34994	Mailing Address 1320 SE FEDERAL HIGHWAY SUITE 102 STUART FL 34994
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2. Principal Place of Business - No P.O. Box # 11625 SW MEADOWLARK CIR.	3. Mailing Address 6526 S. Kanner Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 211

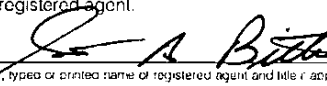
1st MOORE CR2E034 (10/06)

City & State STUART, FL.	City & State STUART, FL.
Zip 34997	Country Martin
Zip 34997	Country Martin

4. FEI Number 680622012	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 BITTER, SCOTT 1320 SE FEDERAL HIGHWAY SUITE 102 STUART FL 34994	
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7. Name and Address of New Registered Agent Name Bitter, Scott A Street Address (P.O. Box Number is Not Acceptable) 11625 SW MEADOWLARK CIR City STUART FL Zip Code 34997	
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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 	Scott A. Bitter	4/12/07
<small>(NOTE: Registered Agent signature required when resigning)</small>		

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BITTER, SCOTT 1320 SE FEDERAL HIGHWAY SUITE 102 STUART FL 34994 <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	V GENT, SUE 1320 SE FEDERAL HIGHWAY SUITE 102 STUART FL 34994 <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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: 	4.12.07	772.215.7911
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<small>Date Daytime Phone #</small>		