2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# P06000075127

Entity Name: PRESTIGE INSURANCE CONSULTANTS INC

Current Principal Place of Business:

5100 TAMIAMI TRAIL N
SUITE 114
NAPLES, FL 34103

New Principal Place of Business:

5020 TAMIAMI TRL N
106
NAPLES, FL 34103

Current Mailing Address:

5100 TAMIAMI TRAIL N
SUITE 114
NAPLES, FL 34103

New Mailing Address:

5020 TAMIAMI TRL N
106
NAPLES, FL 34103

FEI Number: 71-1005391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORGAN, SHANNON SHIRK
5100 TAMIAMI TRL N
STE 114
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

MORGAN, SHANNON SHIRK
5020 TAMIAMI TRL N
106
NAPLES, FL 34103 US

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.

SIGNATURE: SHANNON SHIRK MORGAN 02/18/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MORGAN, SHANNON SHIRK
Address: 5100 TAMIAMI TRL N STE 114
City-St-Zip: NAPLES, FL 34103 US

Title: P ( ) Delete
Name: VARGAS, SONIA
Address: 5100 TAMIAMI TRL N STE 114
City-St-Zip: NAPLES, FL 34103 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MORGAN, SHANNON SHIRK
Address: 5020 TAMIAMI TRL N STE 106
City-St-Zip: NAPLES, FL 34103 US

Title: P (X) Change ( ) Addition
Name: VARGAS, SONIA
Address: 5020 TAMIAMI TRL N STE 106
City-St-Zip: NAPLES, FL 34103 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON SHIRK MORGAN P 02/18/2009
Electronic Signature of Signing Officer or Director Date