2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000039939

Address:

City-St-Zip:

2623 MCCORMICK DR., STE. 101

CLEARWATER, FL 33759

Entity Name: PRESTIGE ASSOCIATES, INC.

FILED Jan 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2623 MCCORMICK DR. SUITE 101 CLEARWATER, FL 33759 US **New Mailing Address: Current Mailing Address:** 2623 MCCORMICK DR. SUITE 101 CLEARWATER, FL 33759 US FEI Number: 59-3187084 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KING, KENNETH L 2623 MCCORMICK DR. SUITE 101 CLEARWATER, FL 33759 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition KING, KENNETH L Name: Name: 2623 MCCORMICK DR., STE. 101 Address: Address: City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: () Delete Title: Title: DST () Change () Addition Name: GRAS, JOSEPH P JR. Name: 2623 MCCORMICK DR., STE. 101 Address: Address: CLEARWATER, FL 33759 City-St-Zip: City-St-Zip: () Delete Title: Title: DVP () Change () Addition ROACH, DOUGLAS D Name: Name: 2623 MCCORMICK DR., STE. 101 Address: Address: City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: Title: AS () Delete Title: () Change () Addition KING, M. SUSAN Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: KENNETH L KING DP 01/08/2009