FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State

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OCUMENT # F97 00000 (958 Entity Name				Secretary of State 05-28-2002 91740 016 ***150.00	
PSAF	Development, Inc	\sim			
	O NOT WRITE		PACE		
. L					
Principal Place of Business 701 Western Ame		3. Mailing Address			
Suite, Apt. #		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City 78, State	ACL II	City & State		4. FEI Number Applied Not App	
ZP	dall, (A	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
91201	<u> UO </u>	**************************************		7. Name and Address of Current Registered Agent	
All and State			Name	NRAI	
	DO NOTAWE	NE	Street Add	dress (P.O. Box Number is Not Acceptable)	
	IN THIS SPA	ICE	100	la E. Dark Ave	
			City Ta	le E. Park Avc. Hahassee FL Zip Code 32301	
. The above r	named entity submits this statement for the	ne purpose of changing	its registered office or re	egistered agent, or both, in the State of Florida.	
(F					*
IGNATURÈ	Signature, typed or printed name of registered agent and	title if applicable. (N	OTE: Registered Agent signature	required when reinstating) DATE	_
<u> </u>					
•	ration is eligible to satisfy its Intangible	After M	May 1 Fee Is \$150.0 ay 1, Fee Is \$550.00	10. Election Campaign Financing _ \$5.00 Ma	
•	equirement and elects to do so.	After M		10. Election Campaign Financing \$5.00 Ma Trust Fund Contribution.	
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3. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f). Florida Statutes. Filindar 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Kolowis 5/2/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayling: Phone &