


**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<div style="display: flex; justify-content: space-between;"><div><b>DOCUMENT # H22390</b> 1. Entity Name <b>PRESSIE CORP.</b></div><div style="text-align: center;"></div></div>		<div>Jan 18, 2007 08:00 Secretary of State</div>	
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business <b>% WILLIAM B. WOOD P.O. BOX 8041 COCOA, FL 32924-5041</b></div><div>Mailing Address <b>% WILLIAM B. WOOD P.O. BOX 8041 COCOA, FL 32924-5041</b></div></div>		<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 150px;">01112007    No Chg-P    CR2E034 (11/05)</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>4. FEI Number <b>59-2451132</b></div><div>Applied For Not Applicable</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>5. Certificate of Status Desired    <input type="checkbox"/></div><div><b>\$8.75</b> Additional Fee Required</div></div>	
DO NOT WRITE IN THIS SPACE			
<b>6. Name and Address of Current Registered Agent</b>  <b>WOOD, WILLIAM B. 115 RUTH AVENUE COCOA, FL</b>		DO NOT WRITE IN THIS SPACE	
<b>8.</b> 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.			
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	NAME	DO NOT WRITE IN THIS SPACE	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME		
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME		
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME		
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME		
STREET ADDRESS	CITY-ST-ZIP		
<b>12.</b> 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.			
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE:  <b>D.P.</b>    <b>1-16-07</b>    <b>321-632-6147</b></div><div style="display: flex; justify-content: space-between; font-size: 8px;"><div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div><div>Date</div><div>Daytime Phone #</div></div></div>			