2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2006
Secretary of State

DOCUMENT# P01000011835

Entity Name: PROFESSIONAL MARKETING SOLUTIONS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

2440 PINYON CT.
KISSIMMEE, FL 34746 US

New Principal Place of Business:

4030 ROBINSON DR.
HAINES CITY, FL 33844 US

Current Mailing Address:

2440 PINYON COURT
KISSIMMEE, FL 34746 US

New Mailing Address:

P.O. BOX 3939
HAINES CITY, FL 33845 US

FEI Number: 59-3694140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARRIS, CASSANDRA M
2440 PINYON CT.
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

HARRIS, CASSANDRA M
4030 ROBINSON DR.
HAINES CITY, FL 33844 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: CASSANDRA M. HARRIS 10/19/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: HARRIS, CASSANDRA M
Address: 2440 PINYON CT
City-St-Zip: KISSIMMEE, FL 34746

Title: SVD ( ) Delete
Name: HARRIS, DAVID A
Address: 2440 PINYON CT
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: HARRIS, CASSANDRA M
Address: 4030 ROBINSON DR.
City-St-Zip: HAINES CITY, FL 33844

Title: SVD (X) Change ( ) Addition
Name: HARRIS, DAVID A
Address: 4030 ROBINSON DR.
City-St-Zip: HAINES CITY, FL 33845

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID A. HARRIS VP 10/19/2006
Electronic Signature of Signing Officer or Director Date