

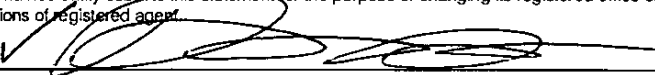
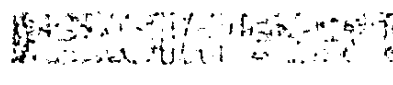

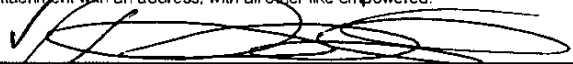


**2006 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P01000043818						FILED 06 NOV -3 PM 1:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name PSN PROPERTIES, INC.							
Principal Place of Business 113 GORNT0 LAKE ROAD BRANDON, FL 33510		Mailing Address 113 GORNT0 LAKE ROAD BRANDON, FL 33510					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		10312006 REIN-P CR2E098 (11/05)		4. FEI Number 65-0716105	
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CABAN, FRANCIS A 113 GORNT0 LAKE ROAD BRANDON, FL 33510				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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.							
SIGNATURE 				10/31/06			
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CABAN, FRANCIS A 113 GORNT0 LAKE ROAD BRANDON, FL 33510 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	600081503636 11/03/06--01041--017 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST CABAN, ANA MARIE 113 GORNT0 LAKE ROAD BRANDON, FL 33510 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CABAN, FRANCIS P 113 GORNT0 LAKE ROAD BRANDON, FL 33510 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CABAN, STEPHAN I 113 GORNT0 LAKE ROAD BRANDON, FL 33510 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CABAN, NATALIE K 113 GORNT0 LAKE ROAD BRANDON, FL 33510 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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.							
SIGNATURE: 				10/31/06 (813) 654-2544			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone 4			