2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 30, 2003 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filled does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue and occurate 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 trusted employeded the execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a flagress, with all forms 1500.	DOCUMENT # P0200060394  1. Entity Name PSYCHWORLD, INC.				04-16-2003 90212 003 ***150.00	
Sulfa, Apr II, 960.  Sulfa, Apr III, 960.  Sulfa, A	PO BOX 357835 PO BOX 357835					
City & State    City & State   Country   Zip   Country   Zip   Country   Zip   S. Cartificate of State Desired   S& 7.5 Additional   File Application   S& 7.5 Additional   File Application   S& 7.5 Additional   File Applicational   File App	2. Principal Place of Business 3. Mailing Address				- CONTROL OF SOME THE STATE STATE SOUR SOUR SOUR SOUR SOUR SOUR SOUR SOUR	
Scansificate of States Desired   State Applicable   States Appli	Suite, Apt. #, etc. Suite, Apt. #, etc.			<del></del>	THE CHECK HERE IF MAKING CHANGES	
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SCHRODER, SALLE 1405 LOLA DR TALLAHASSER FL 23001  City FL Zip Code  8. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am furnitier with, and accept the obligations of legistered agent, or both, in the State of Rorida. I am furnitier with, and accept the obligations of legistered agent, or both, in the State of Rorida. I am furnitier with, and accept the obligations of legistered agent, or both, in the State of Rorida. I am furnitier with, and accept the obligations of legistered agent, or both, in the State of Rorida. I am furnitier with, and accept the obligations of legistered agent, or both, in the State of Rorida. I am furnitier with, and accept the obligations of legistered agent, or both, in the State of Rorida. I am furnitier with, and accept the obligation of legistered agent, or both, in the State of Rorida. I am furnitier with, and accept the obligation of legistered agent, or both, in the State of Rorida. I am furnitier with, and accept the obligation of legistered agent, or both, in the State of Rorida. I am furnitier with, and accept the obligation of legistered agent, or both, in the State of Rorida. I am furnitier with, and accept the obligation of legistered agent, or both, in the State of Rorida. I am furnitier with, and accept the obligation of legistered agent, or both, in the State of Rorida.  FILE NOW!! FEE IS \$150.00  Alter May 1, 2003 Fee will be \$50.00  Alter May	Zip	Country	Zip	Country	5 Certificate of Status Desired S8.75 Additional	
Sireet Address (P.O. Box Number is Not Acceptable)  Sireet Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named only submits inits statement for the purpose of changing its registered again, or both, in the State of Florida. I am familiar with, and accept the obligations of registered again.  SIGNATURE  Signature Signature Signature Signature against again and the acceptable of Profess Page Signature Sig		-6. Name and Address of Current	Registered Agent	<u> </u>	_ <del></del>	
Single Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		المسلم والمستوار والمناد والما		Name		
TALLAHASSEE FL 32301    City   FL   Zip Code	Stree			Street Address	(P.O. Box Number is Not Acceptable)	
B. The above named entity submits this statement for the purpose of changing its registered office or registered agant, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agant, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agant, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agant, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agant, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agant, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agant, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agant, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida State of Florida. I am familiar with, and accept the state of Florida State of Florida. I am familiar with, and accept the state of Florida State of Florida. I am familiar with, and accept the state of Florida State of Flori						
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