


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000043604		
1. Entity Name PERSONAL SUCCESS SYSTEMS, INC.		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 29 AM 9:46

REINSTATEMENT 06

Principal Place of Business 300 N RONALD REAGAN BLVD STE 213 LONGWOOD, FL 32750	Mailing Address 300 N RONALD REAGAN BLVD STE 213 LONGWOOD, FL 32750
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2. Principal Place of Business 610 Devonshire BL.	3. Mailing Address 610 Devonshire BL.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Longwood, FL	City & State Longwood, FL
Zip 32750	Zip 32750
Country USA	Country USA

09192006 REIN-P CR2E098 (11/05)

4. FEI Number 04-3750927	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BATTOE, KAREN C 300 N RONALD REAGAN BLVD STE 213 LONGWOOD, FL 32750	
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7. Name and Address of New Registered Agent Name KAREN C. BATTOE Street Address (P.O. Box Number is Not Acceptable) 610 Longwood. City Longwood FL Zip Code 32750	
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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 <i>Karen C. Battoe</i> DATE 12/18/06 <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD BATTOE, KAREN C 610 DEVONSHIRE BLVD LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500082821595 12/28/06--01033--021 **150.00
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
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
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
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
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: <i>Karen C. Battoe</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: 12/18/06 DAYTIME PHONE: 407 332-0554