2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000117519 FILED LAKESIDE CENTER PSL, INC. 07 MAY 10 PM 3: 04 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA % JAMES L. CASE % JAMES L. CASE 2810 E OAKLAND PARK BLVD STE 102 2810 E OAKLAND PARK BLVD STE 102 FT LAUDERDALE, FL 33306 FT LAUDERDALE, FL 33306 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172007 CR2E034 (12/06) Chg-P City & State 4. FEI Number Applied For City & State 33-1073138 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASE, JAMES L 2810 É OAKLAND PARK BLVD STE 102 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE, FL 33306 Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE PD CASE, JAMES L Case, James L NAME NAME STREET ADDRESS 2810 E OAKLAND PARK BLVD STE 102 STREET ADDRESS 2810 E Oakland Park Blvd, Ste 102 CITY-ST-ZIP FT LAUDERDALE, FL 33306 CITY-ST-ZIP Fort Lauderdale, FL 33306 TITL F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 2/07--01035--004 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 chapted, or on an attachment with an address, with all other that empowered to the chapter 607. changed, or on an attachment with an address, with all other SIGNATURE: IGNING OFFI