FILED Mar 09, 2007 8:00 am Secretary of State

| 2007 | FOR PROFIT CORPORATION |
|------|------------------------|
| | ANNUAL REPORT |
| | |

| DOCUMENT # P04000022676 1. Entity Name PSL MANAGEMENT COMPANY, INC. | | | | | 03-09-2007 90005 023 ***150.00 | | | | | |
|--|---|----------------|---|--|--|---|--------------------------|-------------|-----------------|---------------------------|
| Principal Place of Business 655 21ST STREET SUITE 200 VERO BEACH, FL 32960 | | | Mailing Address 655 21ST STREET SUITE 200 VERO BEACH, FL 32960 | | | | 400325 | | | 1 00 6 36 3006 |
| 2. Principal Place of Business - No P.O. Box # | | . Box # 3 | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 02272007 | Chg-P | CR2E034 | l (12/06) | |
| City & State | | | City & State | | | 4. FEI Numbe 20-060 | | | | plied For t Applicable |
| Zip | Zip Country | | Zip Country | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | |
| | 6. Name and Address | of Current Reg | istered Agent | Nam | 7. Name and Address of New Registered Agent Name | | | | | |
| COLLINS, TIMOTHY 655 21ST STREET | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| SUITE 200 VERO BEACH, FL 32960 | | | | | | | | | | |
| | | | 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re | | | | | | | | DATE | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | | | | .00 May Be ed to Fees | | | | |
| 10. | OF | ICERS AND DIR | ECTORS | 11. | | ADDITIONS/ | CHANGES TO OFF | ICERS AND D | PECTORS | N 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MR SEO, JR, LOUIS R PI 555 HARBOUR DR VERO BEACH, FL 33 | | ☐ Delete | TITLE NAME STREET ADDRI CITY-ST-ZIP | ESS | | | 1 | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CHY-SI-ZIP | MR BROWN, JR, FRANK A VP 17510 PRINCE PHILLIP DR OLNEY, MD 20832 | | ☐ Delete | TITLE NAME STREET ADDRI CITY-ST-ZIP | ESS | | |) | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MS CYNSEO, - SEC 555 HARBOUR DR VERO BEACH, FL 33 | 2963 | □ Delete | TITLE NAME STREET ADDRI CFTY-ST-ZIP | ESS | | | - | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MR Deleter SEO, RICHARD STREAS 9464 S. FEDERAL HIGHWAY PORT ST. LUCIE, FL 34952 | | □ Delete | NAME STREET ADDRI CHTY-ST-ZIP | 155 339 Jen | 16 N.E sen Bea | Sugarhill 1 ich, FL 3 | | ⊠ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | □ Delete | TITLE NAME STREET ADDRI CITY-ST-ZIP | ESS | | | I | □ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | □ Defete | TITLE NAME STREET ADDRI CITY-ST-ZIP | - | | | | □ Change | ☐ 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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD S SED 3-1-07 772-334-2274

Date Dayling Phone of