2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 07, 2008 8:00 am Secretary of State **DOCUMENT # P97000082982** 04-07-2008 90028 039 ***150 00 1. Entity Name PSD ENTERPRISE, INC. Principal Place of Business Mailing Address 3936 SOUTH SEMORAN 3936 SOUTH SEMORAN ORLANDO, FL 32822 ORLANDO, FL 32822 03202008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3479663 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DHANRAJ, PETER de l'ambie 3784 CRESCENT PK BLVD IN THIS SPACE ORLANDO, FL 32812 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, 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 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE DHANRAJ, PETER NAME STREET ADDRESS 3784 CRESCENT PK BLVD. CITY-ST-ZIP ORLANDO, FL 32812 TITLE DHANRAJ, DAMYANTIE NAME STREET ADDRESS 3784 CRESENT PK BLVD. CITY-ST-ZIP ORLANDO, FL 32812 DHANRAL BETER S NAME 441 SONOMA VALLEY CIR STREET ADDRESS DONORWRITE ORLANDO, FL 22835 CITY-ST-ZIP IN THIS SPACE TILE ADDRESS SAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME

SIGNING OFFICER OR DIRECTOR

407-381-1640

FILED