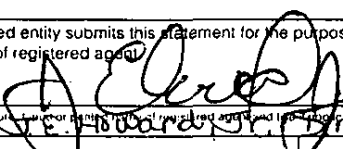
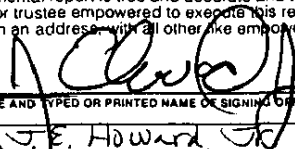


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90321 040 ***150.00

DOCUMENT # V22995 1. Entity Name PROFESSIONAL SITE DEVELOPMENT, INC.					
Principal Place of Business 3701 STATE RD 580 SUITE B OLDSMAR, FL 34677 US			Mailing Address 3701 STATE ROAD 580 SUITE B OLDSMAR, FL 34677 US		
2. Principal Place of Business - No P.O. Box # 2721 Merchant Ave		3. Mailing Address 2721 Merchant Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Odessa FL		City & State Odessa FL		4. FEI Number 59-3114849	
Zip 33556		Country U.S.		Applied For ☐ Not Applicable	
Zip 33556		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOWARD, JULIUS E JR 3701 S.R. 580 SUITE B OLDSMAR, FL 34677				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2721 Merchant Ave City Odessa FL Zip Code 33556	
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 				DATE 4/12/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWARD, JULIUS E 3701 S.R. 580 SUITE B OLDSMAR, FL 34677	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 2721 Merchant Ave Odessa FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWARD, CHARLES E II 3701 S.R. 580 SUITE B OLDSMAR, FL 34677	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 2721 Merchant Ave Odessa, FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS 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 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: 				DATE 4/12/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR J.E. Howard, Jr.				Daytime Phone # 813-854-2445	

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