2008 FOR PROFIT CORPORATION

FILED Apr 07, 2008 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # V22995** PROFESSIONAL SITE DEVELOPMENT, INC. Principal Place of Business Mailing Address 2721 MERCHANT AVE 2721 MERCHANT AVE ODESSA, FL 33556 US ODESSA, FL 33556 03282008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3114849 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOWARD, JULIUS E JR DO NOT WRITE 2721 MERCHANT AVE ODESSA, FL 33556 IN THIS SPACE 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 aignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. U00000883456 TITLE 04/17/08-80004-016 150.00 HOWARD, JULIUS E 2721 MERCHANT AVE STREET ADDRESS CITY-ST-ZIP ODESSA, FL 33556 HOWARD, CHARLES E II NAME STREET ADDRESS 2721 MERCHANT AVE CITY-ST-ZIP ODESSA, FL 33556 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. Thereby certify that the information supplied with this filling 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 changed, or on an attachment with an addres, amboweted

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CHY-SI-ZIP

NG OFFICER OR DIRECTOR

Or. Director

J.E Howard

4/2/08

727-376-1940