above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW KANDALEPAS

Electronic Signature of Signing Officer/Director Detail

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.

······································				
SIGNATURE	E: RALPH V. HADLEY III			02/19/2015
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	SECRETARY, TREASURER	Title	DIRECTOR, VP	
Name	JOSHI, JAY	Name	KANDALEPAS, ANDREW J	
Address	1014 E. ALGONQUIN SUITE 111	Address	1014 E. ALGONQUIN SUIT 111	
City-State-Zip:	SCHAUMBURG IL 60173	City-State-Zip:	SCHAUMBURG IL 60173	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

Entity Name: PSORIA-SHIELD INC.

DOCUMENT# P09000052547

Current Principal Place of Business:

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

6408 W. LINEBAUGH AVE SUITE 103 TAMPA, FL 33625

Current Mailing Address:

6408 W. LINEBAUGH AVE SUITE 103 TAMPA, FL 33625 US

FEI Number: 27-0381506

Name and Address of Current Registered Agent:

HADLEY, RALPH V III 1031 W. MORSE BLVD. SUITE 350 WINTER PARK, FL 32789 US

Certificate of Status Desired: Yes

FILED Feb 19, 2015 Secretary of State CC1697334213

02/19/2015

VP, DIRECTOR