


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N27206
 1. Entity Name
 BETA PSI CORPORATION OF PHI SIGMA SIGMA, INC.



Principal Place of Business
 C/O CHANDLER JONES
 2531 NW 41ST STREET, BLDG. E
 GAINESVILLE, FL 32606

Mailing Address
 C/O CHANDLER JONES
 2531 NW 41ST STREET, BLDG. E
 GAINESVILLE, FL 32606



04262006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
 59-2912280

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, CHANDLER, JR.
 2531 N W 41 STREET
 SUITE E
 GAINESVILLE, FL 32606

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	DISTLER, JUDITH
STREET ADDRESS	5978 SEABRIGHT RD
CITY - ST - ZIP	SPRINGFIELD, VA
TITLE	DP
NAME	SMITH, ELLEN
STREET ADDRESS	4727 N.W. 124TH ST.
CITY - ST - ZIP	GAINESVILLE, FL
TITLE	DT
NAME	GEORGE, JOSETTE
STREET ADDRESS	P.O. BOX 9431 N/A
CITY - ST - ZIP	WASHINGTON, DC
TITLE	D
NAME	MACEY, DIANNE
STREET ADDRESS	23123 STATE RD 7 #250
CITY - ST - ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 05/13/06-80075-025 61.25

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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 617, 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: Ellen Smith ELLEN SMITH Date: 4/27/06 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR