

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094320

Entity Name: P & S INVESTMENTS OF ST. LUCIE, INC.

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

79 S.W. BLACKBURN TERRACE #8
STUART, FL 34997

New Principal Place of Business:

7323 INDRIIO ROAD
FORT PIERCE, FL 34951

Current Mailing Address:

79 S.W. BLACKBURN TERRACE #8
STUART, FL 34997

New Mailing Address:

7323 INDRIIO ROAD
FORT PIERCE, FL 34951

FEI Number: 27-0095489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUSSEIN, SHUKRI
79 S.W. BLACKBURN TERRACE #8
STUART, FL 34997 US

Name and Address of New Registered Agent:

HUSSEIN, SHUKRI
7323 INDRIIO ROAD
FORTY PIERCE, FL 34951 US

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: SHUKRI S HUSSEIN

01/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUSSEIN, SHUKRI
Address: 79 S.W. BLACKBURN TERRACE #8
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HUSSEIN, SHUKRI
Address: 7 INDRIIO ROAD
City-St-Zip: FORT PIERCCE, FL 349

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHUKRI S HUSSEIN

PD

01/05/2006

Electronic Signature of Signing Officer or Director

Date