2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006
Secretary of State

DOCUMENT# 491347

Entity Name: P.S.I. CAPITAL, INC.

Current Principal Place of Business:

237 LOOKOUT PLACE
SUITE 100
MAITLAND, FL 32751 US

New Principal Place of Business:

901 DOUGLAS AVENUE
SUITE 200
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

PO BOX 941672
MAITLAND, FL 32794 US

New Mailing Address:

FEI Number: 59-1675824 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASHE, PAUL R
237 LOOKOUT PLACE
SUITE 100
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

ASHE, PAUL R
901 DOUGLAS AVENUE
SUITE 200
ALTAMONTE SPRINGS, FL 32714 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: PAUL R. ASHE 03/07/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ASHE, PAUL R
Address: 237 LOOKOUT PLACE, SUITE 100
City-St-Zip: MAITLAND, FL 32751 US

Title: SD ( ) Delete
Name: ASHLEY, LINDA,
Address: 237 LOOKOUT PLACE, SUITE 100
City-St-Zip: MAITLAND, FL 32751 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ASHE, PAUL R
Address: 901 DOUGLAS AVE SUITE 200
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: SD (X) Change ( ) Addition
Name: ASHLEY, LINDA,
Address: 901 DOUGLAS AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: PAUL R. ASHE PD 03/07/2006
Electronic Signature of Signing Officer or Director Date