

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2005 8:00 am**  
**Secretary of State**

05-24-2005 90122 008 \*\*\*550.00

<b>DOCUMENT # 832631</b> 1. Entity Name <b>PSG PROFESSIONAL SERVICES GROUP, INC.</b>					
Principal Place of Business <b>14950 HEATHROW FOREST PWY 200 HOUSTON, TX 77032-3842 US</b>			Mailing Address <b>40-004 COOK STREET PALM DESERT, CA 92211 US</b>		
2. Principal Place of Business		3. Mailing Address <b>14950 Heathrow Forest Pkwy</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 200</b>			
City & State		City & State <b>Houston, TX</b>			
Zip <b>77032</b>	Country <b>USA</b>	4. FEI Number <b>41-0644191</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD CHISHOLM, CHRISTOPHER W 14950 HEATHROW FOREST PARKWAY HOUSTON, TX 77032</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPSD CLARKE, BRIAN J 55 SHUMAN BLVD NAPERVILLE, IL 60563</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP MEYER, ROBERT A 40-004 COOK STREET PALM DESERT, CA 92211</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPAS Francis X. Ferrara 305 N. Main St. Andover, MA 01810</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPT RICHARDSON, KENT 14950 HEATHROW FOREST PWY 200 HOUSTON, TX 77032</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T Herve Mille 14950 Heathrow Forest Pkwy, #200 Houston, TX 77032</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS Thomas A. Witt 1007 Church St., #312 Evanston, IL 60201</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: HERVE MILLE</b>			<b>5/17/2005 281-449-1500</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		