

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002357

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** PSYCHOLOGIX, INC.

**Current Principal Place of Business:**

4240 GALT OCEAN DRIVE, #2003  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

175 1ST STREET SOUTH #2804  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

4240 GALT OCEAN DRIVE, #2003  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

175 1ST STREET SOUTH #2804  
ST PETERSBURG, FL 33701

**FEI Number:** 52-2350177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CROOK, THOMAS H DR  
4240 GALT OCEAN DRIVE, #2003  
FORT LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

CROOK, THOMAS H DR  
175 1ST STREET SOUTH #2804  
ST PETERSBURG, FL 33701 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:** THOMAS CROOK

01/05/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** C  
**Name:** CROOK, THOMAS H  
**Address:** 175 1ST STREET SOUTH #2804  
**City-St-Zip:** ST PETERSBURG, FL 33701

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

**SIGNATURE:** ALAN HOFFMANN

CFO

01/05/2010

Electronic Signature of Signing Officer or Director

Date