2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007329

Entity Name: PSX INC, OF TAMPA

FILED May 01, 2006 Secretary of State

Current P	rincipal Place of Busin	ess:	New Principal Place	of Business:
	IINAL WAY SQUARE, PA 19348			
Current N	lailing Address:		New Mailing Address	s:
	IINAL WAY SQUARE, PA 19348			
FEI Number	: 23-1720124 FEI Num	ber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Current Ro	egistered Agent:	Name and Address of	of New Registered Agent:
RIGGS, JA 5940 BEN TAMPA, F	JAMIN ROAD			
	named entity submits the of Florida.	is statement for the p	ourpose of changing its registere	d office or registered agent, or both,
n the State	e of Florida.	is statement for the p	ourpose of changing its registere	d office or registered agent, or both,
n the State	e of Florida. * RE:	is statement for the pure of Registered Age		d office or registered agent, or both, Date
n the State SIGNATUI n accordan	e of Florida. * RE:	re of Registered Age , the corporation did no	ent	
n the State SIGNATUI In accordan Election Car	e of Florida. RE: Electronic Signature ce with s. 607.193(2)(b), F.S.	re of Registered Age , the corporation did no	ent ot receive the prior notice.	
n the State SIGNATUI n accordan Election Car OFFICER: Vitle: Vame: Address:	e of Florida. RE: Electronic Signatu ice with s. 607.193(2)(b), F.S. mpaign Financing Trust Fun	re of Registered Age , the corporation did no d Contribution ().	ent ot receive the prior notice.	Date
n the State SIGNATUI In accordan Election Car	e of Florida. RE: Electronic Signature RE with s. 607.193(2)(b), F.S. Repaign Financing Trust Fun S AND DIRECTORS: CP () Delete HUTCHISON, ANTHONY P 269 SLEEPY HOLLOW RO	re of Registered Age , the corporation did no d Contribution ().	ent of receive the prior notice. ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: TINA M HUTCHISON AS 05/01/2006