

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90043 011 ***150.00

DOCUMENT # F06000002305

1. Entity Name
PUBLICATION SERVICES OF AMERICA, INC.



Principal Place of Business Mailing Address

10130 NORTHLAKE BLVD., SUITE 214 **10130 NORTHLAKE BLVD., SUITE 214**
PMB 123 **PMB 123**
WEST PALM BEACH, FL 33412 **WEST PALM BEACH, FL 33412**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



07032007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

90-0009791 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, PHILIP
10130 NORTHLAKE BLVD., SUITE 214
PMB 123
WEST PALM BEACH, FL 33412

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LEWIS, PHIL	
STREET ADDRESS	10130 NORTHLAKE BLVD., SUITE 214	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE	CD	<input type="checkbox"/> Delete
NAME	LEWIS, PHILIP	
STREET ADDRESS	10130 NORTHLAKE BLVD., SUITE 214	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WENAAS, MICHAEL	
STREET ADDRESS	16 S. 116 STREET	
CITY-ST-ZIP	FARGO, ND 58103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COO Stan Cohen	
STREET ADDRESS	249 Seabreeze Ave	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: *Suzanne Allen, CPA Controller 7/13/07*