

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002305

FILED
Apr 30, 2009
Secretary of State

Entity Name: PUBLICATION SERVICES OF AMERICA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 90-0009791 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEWIS, PHIL
Address: 10130 NORTHLAKE BLVD., SUITE 214
City-St-Zip: WEST PALM BEACH, FL 33412

Title: CD () Delete
Name: LEWIS, PHILIP
Address: 10130 NORTHLAKE BLVD., SUITE 214
City-St-Zip: WEST PALM BEACH, FL 33412

Title: COO () Delete
Name: COHEN, STAN
Address: 249 SEABREEZE AVE
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: COHEN, STAN
Address: 249 SEABREEZE AVE
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify 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: STANLEY COHEN

VP

04/30/2009

Electronic Signature of Signing Officer or Director

Date