2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# F97000004436

Entity Name: PSION TEKLOGIX CORPORATION

Current Principal Place of Business:

1810 AIRPORT EXCHANGE BLVD., SUITE 500
ERLANGER, KY 41018

New Principal Place of Business:

Current Mailing Address:

1810 AIRPORT EXCHANGE BLVD., SUITE 500
ERLANGER, KY 41018

New Mailing Address:

FEI Number: 51-0263558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	SD	( ) Delete
Name:	CROSBY, CONSTANCE L	
Address:	72 WIMBLETON ROAD, ETOBICOKE	
City-St-Zip:	ONTARIO, CANADA M9A 3S1,	
Title:	P	( ) Delete
Name:	DOUGLAS, ROBERT	
Address:	184 CHARSWELL RD	
City-St-Zip:	OAKVILLE, ON, CN L3J 3Z8	
Title:	CA	( ) Delete
Name:	STUPAK, LAURA	
Address:	1940 SILVER LEAF DR.	
City-St-Zip:	HEBRON, KY 41048	
Title:	GM	( ) Delete
Name:	DAY, KYLE	
Address:	816 BOULDER COURT	
City-St-Zip:	VILLA HILLS, KY 41017	
Title:	AGM	( ) Delete
Name:	RECHEL, CAMILLE	
Address:	2733 WERKRIDGE DR	
City-St-Zip:	CINCINNATI, OH 45248	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	CAINES, RONALD	
Address:	2100 MEADOWVALE BOULEVARD	
City-St-Zip:	MISSISSAUGA, ON, CN L5N 7J9	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: JERRY SMITH TA 04/24/2007

Electronic Signature of Signing Officer or Director — Date