
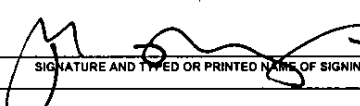


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90073 027 ***158.75

DOCUMENT # F97000005512 1. Entity Name PS INDUSTRY SOLUTIONS CORPORATION			
Principal Place of Business 2525 DRANEFIELD RD STE 3 LAKELAND, FL 33811		Mailing Address 2525 DRANEFIELD RD STE 3 LAKELAND, FL 33811	
2. Principal Place of Business 1102 S. Florida Ave. Suite, Apt. #, etc.		3. Mailing Address 1102 S. Florida Ave. Suite, Apt. #, etc.	
City & State LAKELAND, FL Zip 33803 Country US		City & State LAKELAND, FL Zip 33803 Country US	
4. FEI Number 34-1811057		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01132006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent RAPAPORT, MIKE 2525 DRANEFIELD RD STE 3 LAKELAND, FL 33811		7. Name and Address of New Registered Agent Name Michael Rapaport Street Address (P.O. Box Number is Not Acceptable) 1102 S. Florida Ave. City LAKELAND, FL Zip Code 33803	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAPAPORT, MICHAEL 2525 DRANEFIELD RD STE 3 LAKELAND, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Michael Rapaport 1102 S. Florida Ave. LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD VANVLIET, HENNY 3401 NL JUSSELSTEIN ALMERE NETHERLANDS.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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: 		Michael Rapaport 1/27/06 863-688-3342	