

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005511

Entity Name: PS AMERICA, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

425 MERCER STREET
VOLANT, PA 16156

New Principal Place of Business:

Current Mailing Address:

425 MERCER STREET
VOLANT, PA 16156

New Mailing Address:

FEI Number: 25-1807439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAWEEK, JAMES W
4426 NORTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

TRAWEEK, JAMES W
450 SOUTH RONALD REAGAN BLVD
LONGWOOD, FL 32750 US

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:

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PASD () Delete
Name: TRAWEEK, JAMES W
Address: 4426 NORTH ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32804

Title: VD () Delete
Name: MARETT, JOHN T
Address: 425 MERCER STREET
City-St-Zip: VOLANT, PA 16156

Title: AS () Delete
Name: MALMAN, ARTHUR
Address: 425 MERCER STREET
City-St-Zip: VOLANT, PA 16156

Title: TD () Delete
Name: CUNNINGHAM, WALLACE
Address: 425 MERCER STREET
City-St-Zip: VOLANT, PA 16156

Title: VP () Delete
Name: NESBITT, WILLIAM L
Address: 425 MERCER STREET
City-St-Zip: VOLANT, PA 16156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PASD (X) Change () Addition
Name: TRAWEEK, JAMES W
Address: 450 SOUTH RONALD REAGAN BLVD
City-St-Zip: LONGWOOD, FL 32750

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

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 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: WILLIAM L NESBITT

VP

04/29/2008

Electronic Signature of Signing Officer or Director

Date