2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# N03000003449

Entity Name: PERSONAL SECURITY INSTITUTE, INC.

Current Principal Place of Business:

22515 SW 71 AVENUE
PO BOX 69
NEWBERRY, FL 32669

New Principal Place of Business:

Current Mailing Address:

22515 SW 71 AVENUE
PO BOX 69
NEWBERRY, FL 32669

New Mailing Address:

FEI Number: 56-2385654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MULVEY, NEIL P
22407 SW 71 AVENUE
PO BOX 69
NEWBERRY, FL 32669 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MULVEY, NEIL P
Address: 22407 SW 71 AVENUE - PO BOX 69
City-St-Zip: NEWBERRY, FL 32669

Title: D ( ) Delete
Name: HAYES-MORRISON, THOMAS
Address: 16133 NW 78 TERRACE
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete
Name: REQUESENS, SAUL
Address: 14912 NW 170 TERRACE
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL P. MULVEY D 05/02/2005
Electronic Signature of Signing Officer or Director — Date