


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90176 042 \*\*\*\*61.25

<b>DOCUMENT # N06000003594</b> 1. Entity Name <b>PSSI INTERNATIONAL, INC.</b>					
Principal Place of Business <b>2338 STAG RUN BLVD CLEARWATER, FL 33765</b>			Mailing Address <b>2338 STAG RUN BLVD CLEARWATER, FL 33765</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-4559340</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>AKIN, RICHARD L 2338 STAG RUN BLVD CLEARWATER, FL 33765</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. 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>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCOO</b> <b>AKIN, RICHARD L</b> <b>2338 STAG RUN BLVD</b> <b>CLEARWATER, FL 33765</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ANCRILE, JOSEPH D</b> <b>2338 STAG RUN BLVD</b> <b>CLEARWATER, FL 33765</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOODGAME, JOHN T DR.</b> <b>252 S GARDEN CIRCLE</b> <b>BELLEAIR, FL 33756</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOORE, FRANK H DR.</b> <b>20444 BREE'S WAY</b> <b>EAGLE RIVER, AK 99577</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, JAMES O DR.</b> <b>10531 HOMESTEAD DRIVE</b> <b>TAMPA, FL 33618</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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.					
<b>SIGNATURE:</b> <i>Richard L. Akin</i> <b>Richard L. Akin</b> <span style="float: right;">4/10/07 727 698-3772</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40059983



04102007 Chg-NP CR2E037 (12/06)

**\$8.75 Additional  
Fee Required**

ATTACHMENT  
40059983

PSSI International, Inc.  
Document #N06000003594  
FEI 20-4559340

Florida 2007 Not-For-Profit Annual Report  
Item 11 Additions to Officers and Directors

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
GABOS, DENNIS K DR.  
1933 RED COACH ROAD  
ALLISON PARK, PA 15101

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
SIMMONS, GEOFFREY S DR.  
P.O. BOX 50157  
EUGENE, OR 97405