


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90064 027 ****61.25

DOCUMENT # N06000003594

1. Entity Name
PSSI INTERNATIONAL, INC.



Principal Place of Business
**2338 STAG RUN BLVD
 CLEARWATER, FL 33765**

Mailing Address
**2338 STAG RUN BLVD
 CLEARWATER, FL 33765**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03192008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-4559340

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**AKIN, RICHARD L
 2338 STAG RUN BLVD
 CLEARWATER, FL 33765**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DCEO	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	AKIN, RICHARD L			NAME	Gabos, Dennis K Dr.		
STREET ADDRESS	2338 STAG RUN BLVD			STREET ADDRESS	1933 Red Coach Road		
CITY-ST-ZIP	CLEARWATER, FL 33765			CITY-ST-ZIP	Allison Park, PA 15101		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANCRILE, JOSEPH D			NAME			
STREET ADDRESS	2338 STAG RUN BLVD			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33765			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GOODGAME, JOHN T DR.			NAME	Simmons, Geoffrey S Dr.		
STREET ADDRESS	252 S GARDEN CIRCLE			STREET ADDRESS	P.O. Box 50157		
CITY-ST-ZIP	BELLEAIR, FL 33756			CITY-ST-ZIP	Eugene, OR 97405		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, FRANK H DR.			NAME			
STREET ADDRESS	20444 BREE'S WAY			STREET ADDRESS			
CITY-ST-ZIP	EAGLE RIVER, AK 99577			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, JAMES O DR.			NAME			
STREET ADDRESS	10531 HOMESTEAD DRIVE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33618			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.

SIGNATURE: *Richard L Akin* **Richard L Akin** *3/20/08* **3/20/08** *727 688-3772* **727 688-3772**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #