

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002953

FILED
Apr 29, 2009
Secretary of State

Entity Name: PSI SERVICES III, INC.

Current Principal Place of Business:

3890 DUNN AVENUE WEST, SUITE 1104
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

3890 DUNN AVENUE WEST, SUITE 1104
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 22-3530036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, RICKY B
10512 INNISBROOK DRIVE
JACKSONVILLE, FL 32222 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS. () Change (X) Addition
Name: PANDIT, SHEILA DR.
Address: 7101 WISCONSIN AVENUE
City-St-Zip: BETHESDA, MD 20814 US

Title: MR. () Change (X) Addition
Name: WALLACE, RICKY
Address: 10512 INNISBROOK DRIVE
City-St-Zip: JACKSONVILLE, FL 32222 US

Title: MR. () Change (X) Addition
Name: WILLIAMS, MELVIN MR.
Address: 7101 WISCONSIN AVENUE
City-St-Zip: BETHESDA, MD 20814

Title: MR () Change (X) Addition
Name: HOWARD, WILLIAM MR.
Address: 7101 WISCONSIN AVENUE
City-St-Zip: BETHESDA, MD 20814

Title: MRS. () Change (X) Addition
Name: CANNON, PENNY MRS.
Address: 3890 DUNN AVENUE WEST, SUITE 1104
City-St-Zip: JACKSONVILLE, FL 32218

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELVIN B. WILLIAMS

MR.

04/29/2009

Electronic Signature of Signing Officer or Director

Date