

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021436

Entity Name: P.S.I. RESTORATIONS, INC.

FILED  
Jan 27, 2005  
Secretary of State

## Current Principal Place of Business:

792 NE 45TH STREET  
OAKLAND PARK, FL 33334

## New Principal Place of Business:

## Current Mailing Address:

792 NE 45TH STREET  
OAKLAND PARK, FL 33334

## New Mailing Address:

FEI Number: 65-0991841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOCKERELL, DARRICK J  
750 NE 45TH ST.  
OAKLAND PARK, FL 33334 US

## Name and Address of New Registered Agent:

GOCKERELL, DARRICK J  
792 NE 45TH ST.  
OAKLAND PARK, FL 33334 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: DARRICK J GOCKERELL

01/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: GOCKERELL, DARRICK J  
Address: 750 NE 45TH ST.  
City-St-Zip: OAKLAND PARK, FL 33334

Title: ST ( ) Delete  
Name: GOCKERELL, DINA N  
Address: 750 NE 450 ST.  
City-St-Zip: OAKLAND PARK, FL 33334

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: GOCKERELL, DARRICK J  
Address: 792 NE 45TH ST.  
City-St-Zip: OAKLAND PARK, FL 33334

Title: ST (X) Change ( ) Addition  
Name: GOCKERELL, DINA N  
Address: 792 NE 45TH ST.  
City-St-Zip: OAKLAND PARK, FL 33334

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

SIGNATURE: DARRICK J GOCKERELL

DP

01/27/2005

Electronic Signature of Signing Officer or Director

Date