

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000061903

FILED  
Jan 18, 2005  
Secretary of State

Entity Name: PERSONALIZED AREA SERVICES INC.

## Current Principal Place of Business:

115 NORTH RIVER DRIVE WEST  
JUPITER, FL 33458

## New Principal Place of Business:

2000 AVE P  
SUITE 14  
RIVIERA BEACH, FL 33404

## Current Mailing Address:

115 NORTH RIVER DRIVE WEST  
JUPITER, FL 33458

## New Mailing Address:

FEI Number: 65-1028341      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 32314-6200  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: FUREY, KRISTEN  
Address: 6321 LAUDER DALE ST.  
City-St-Zip: JUPITER, FL 33458

Title: PD ( ) Delete  
Name: SANTORO, AL  
Address: 115 NORTH RIVER DRIVE WEST  
City-St-Zip: JUPITER, FL 33458

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: WEARSCH, THOMAS W  
Address: 1866 GRANTHAM CT.  
City-St-Zip: WELLINGTON, FL 33414

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: AL SANTORO

PD

01/18/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date