

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010579

Entity Name: PSI STAFFING SOLUTIONS, INC.

FILED  
Jan 13, 2006  
Secretary of State

## Current Principal Place of Business:

C/O SYLVIA COOPER  
P.O. BOX 740524  
BOYNTON BEACH, FL 33474

## New Principal Place of Business:

3493 HIGH RIDGE ROAD  
BOYNTON BEACH, FL 33426

## Current Mailing Address:

C/O SYLVIA COOPER  
P.O. BOX 740524  
BOYNTON BEACH, FL 33474

## New Mailing Address:

P.O. BOX 740524  
BOYNTON BEACH, FL 33474

FEI Number: 65-1072940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASCIO, CARL A ESQ  
525 N.E. 3RD AVENUE  
SUITE 102  
DELRAY BEACH, FL 33444 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: D ( ) Delete  
Name: COOPER, SYLVIA  
Address: C/O SYLVIA COOPER, P.O. BOX 740524  
City-St-Zip: BOYNTON BEACH, FL 33474

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: COOPER, SYLVIA  
Address: P.O. BOX 740524  
City-St-Zip: BOYNTON BEACH, FL 33474

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVIA COOPER

D

01/13/2006

Electronic Signature of Signing Officer or Director

Date