


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000010463 1. Entity Name PSB INVESTMENT GROUP, INC.	
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Principal Place of Business 590 SOLUTIONS WAY STE 100 ROCKLEDGE, FL 32955	Mailing Address 590 SOLUTIONS WAY STE 100 ROCKLEDGE, FL 32955
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01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0593801	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROCKHOUSE, KEITH S 590 SOLUTIONS WAY STE 100 ROCKLEDGE, FL 32955
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**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

1000000596973
01/24/07-80017-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEREIRA, A. BRUNO 200 WILLARD ST COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SELIG, W. MICHAEL 200 WILLARD ST COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BROCKHOUSE, KEITH S 365 GUS HIPP BLVD ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HADDOW, JOSEPH W 1278 TROOP WAY ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, ROBERT C 1722 PALMER LN ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, CHRISTY M 1722 PALMER LN ROCKLEDGE, FL 32955

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/07 321 631 7063
Date Daytime Phone #