2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P02000051659

Entity Name: PSI GENERAL PARTNER, INC.

Current Principal Place of Business:

601 NE 26TH COURT
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

601 NE 26TH COURT
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 32-0012776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE SUITE 500 EAST
WEST PALM BEACH, FL 33401 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: MS ( ) Delete
Name: FRUGE, FRANKIE CFO
Address: 281 SE 3RD COURT
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: MR. ( ) Delete
Name: MILLS, TONY W CEO
Address: 520 JEFFERSON DRIVE#106
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: MR. ( ) Delete
Name: WEITH, FRANZ VPM
Address: 5201 BLUE LAGOON DRIVE, SUITE 100
City-St-Zip: MIAMI, FL 33126 US

Title: MR ( ) Delete
Name: HODGSON, MICHAEL VPE
Address: 16669 HEMINGWAY DRIVE
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: FRANKIE FRUGE CFP 04/30/2004

Electronic Signature of Signing Officer or Director — Date