


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 12, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000094625	
1. Entity Name P S ANALYTICAL, INC.	

Principal Place of Business 1761 WEST HILLSBORO BOULEVARD SUITE 318 DEERFIELD BEACH, FL 33442	Mailing Address 1761 WEST HILLSBORO BOULEVARD SUITE 318 DEERFIELD BEACH, FL 33442
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0480720	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 BSPA CORPORATE SERVICES, INC. 350 EAST LAS OLAS BOULEVARD SUITE 1000 FORT LAUDERDALE, FL 33301	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D STOCKWELL, PETER B 1761 WEST HILLSBORO BOULEVARD STE 318 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D STOCKWELL, MARGARET A 1761 WEST HILLSBORO BOULEVARD STE 318 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D STOCKWELL, PAUL M 1761 WEST HILLSBORO BOULEVARD STE 318 DEERFIELD BEACH, FL 33442
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07/12/04-80032-003 155.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *P. Stockwell* **7-1-04** **954-422-1577**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone