


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90142 033 ***158.75

DOCUMENT # P03000077898	
1. Entity Name PS RESCUE, INC.	

Principal Place of Business 124 SATINWOOD LANE PALM BCH GARDENS, FL 33410	Mailing Address 124 SATINWOOD LANE PALM BCH GARDENS, FL 33410
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2. Principal Place of Business 631 915 Highway One Suite, Apt. #, etc. Suite 412 City & State North Palm Beach, FL Zip 33408 Country USA	3. Mailing Address 631 915 Highway One Suite, Apt. #, etc. Suite 412 City & State North Palm Beach, FL Zip 33408 Country USA
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02052005 Chg-P CR2E034 (10/03)

4. FEI Number 03-0527123	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNSON, MICHAEL 124 SATINWOOD LANE PALM BCH GARDENS, FL 33410	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																				
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 information covered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3-5-2005 Daytime Phone #: 561-841-1841