## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000105557

4 VERNON LANE #3B

ELMSFORD, NY 10523

Address:

City-St-Zip:

Entity Name: PSI, PROBE SERVICES INTERNATIONAL, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
237 RIVER DEBARY,	R VILLAGE RC FL 32713	)AD			
Current M	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
237 RIVEF DEBARY,	R VILLAGE RC FL 32713	)AD			
FEI Number	: 11-3276658	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:	
237 RIVEF	′, JOSEPH H R VILLAGE RC FL 32713	DAD US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU					
		nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ALEMANY, JO 237 RIVER VIL DEBARY, FL	LAGE ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V (X GOLAS, STAN 321 DORCHES LONGWOOD,	STER ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T (X CALBY, BRUC 4 VERNON LAI ELMSFORD, N	NE #3B	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S (X KRUEGER. MA	() Delete ARTIN	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: JOSEPH H ALEMANY P 04/30/2007