2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005
Secretary of State

DOCUMENT# P04000164023

Entity Name: PSYCHAWARENESS, INC.

Current Principal Place of Business:

633 N.E. 167TH STREET
522
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

633 N.E. 167TH STREET
522
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 43-2067783 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WENZE, ALBERTA
831 N.E. 207TH LANE
202
MIAMI, FL 33179 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: P ( ) Delete
Name: WENZE, CORNELIA
Address: 831 N.E. 207TH LANE #202
City-St-Zip: MIAMI, FL 33179

Title: VP ( ) Delete
Name: WENZE, ALBERTA
Address: 831 N.E. 207TH LANE #202
City-St-Zip: MIAMI, FL 33179

Title: VP ( ) Delete
Name: WILSON, KHADEEM
Address: 831 N.E. 207TH LANE #202
City-St-Zip: MIAMI, FL 33179

Title: T ( ) Delete
Name: WENZE, LESA
Address: 831 N.E. 207TH LANE #202
City-St-Zip: MIAMI, FL 33179

Title: S ( ) Delete
Name: WENZE, ISABEL
Address: 862 N.E. 209TH LANE #202
City-St-Zip: MIAMI, FL 33179

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:

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: CORNELIA WENZE P 02/02/2005

Electronic Signature of Signing Officer or Director — Date