

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164023

Entity Name: PSYCHAWARENESS, INC.

FILED
Apr 26, 2012
Secretary of State

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:

WENZE, ALBERTA
343 IVES DAIRY ROAD
10
MIAMI, FL 33179 US

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: ALBERTA WENZE

04/26/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: WENZE, CORNELIA
Address: 343 IVES DAIRY ROAD UNIT 10
City-St-Zip: MIAMI, FL 33179

Title: VP
Name: WENZE, ALBERTA
Address: 343 IVES DAIRY ROAD UNIT 10
City-St-Zip: MIAMI, FL 33179

Title: VP
Name: WILSON, KHADEEM
Address: 343 IVES DAIRY ROAD UNIT 10
City-St-Zip: MIAMI, FL 33179

Title: T
Name: WENZE, LESA
Address: 343 IVES DAIRY ROAD UNIT 10
City-St-Zip: MIAMI, FL 33179

Title: S
Name: WENZE, ISABEL
Address: 343 IVES DAIRY ROAD UNIT 10
City-St-Zip: MIAMI, FL 33179

I hereby 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 all other like empowered.

SIGNATURE: CORNELIA WENZE

CEO

04/26/2012

Electronic Signature of Signing Officer or Director

Date