2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 24, 2008 08:00 AM Secretary of State DOCUMENT # P06000127275 PSYCHOLOGICAL ASSESSMENTS & INVESTIGATIONS. INC Principal Place of Business Mailing Address 627 DATE PALM BLVD **627 DATE PALM BLVD** MELBOURNE, FL 32901 MELBOURNE, FL 32901 04182008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-5717688 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERRO, JAMES M DO NOT WRITE 627 DATE PALM BLVD MELBOURNE, FL 32901 IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) 100000320213 05/14/08-80035-002 158.75 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE FERRO, JAMES M NAME STREET ADDRESS 627 DATE PALM BLVD CITY-ST-ZIP MELBOURNE, FL 32901 VP TITLE FERRO, MICHELLE J NAME STREET ADDRESS 627 DATE PALM BLVD MELBOURNE, FL 32901 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

> lames () NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James terro

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