

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000009895

FILED
Mar 24, 2008
Secretary of State

Entity Name: PERSONNEL ASSURANCE SCREENING SOLUTION, INC.

Current Principal Place of Business:

1432 SE 14 TERR
CAPE CORAL, FL 33990 US

New Principal Place of Business:

Current Mailing Address:

1432 SE 14 TERR
CAPE CORAL, FL 33990 US

New Mailing Address:

2323 DELPRADO BLVD
#7 PMB 254
CAPE CORAL, FL 33990 US

FEI Number: 33-1152053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DA SILVA, LILLIAN
1432 SE 14 TERR
CAPE CORAL, FL 33990 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: DA SILVA, LILLIAN
Address: 1432 SE 14 TERR
City-St-Zip: CAPE CORAL, FL 33990

Title: P () Delete
Name: MILLER, BRIAN V
Address: 2217 SE 26 STREET
City-St-Zip: CAPE CORAL, FL 33994

Title: P (X) Delete
Name: OTERO, LOURDES
Address: 1432 SE 14 TER
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: OTERO, LOURDES
Address: 1432 SE 14 TERR
City-St-Zip: CAPE CORAL, FL 33990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LILLIAN DASILVA

P

03/24/2008

Electronic Signature of Signing Officer or Director

_____ Date