2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000032551

Entity Name: PSYCH IN A BOX, INC.

FILED Aug 15, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4303 SUMMIT CREEK BLVD.

#4109

ORLANDO, FL 32837 US

Current Mailing Address: New Mailing Address:

4303 SUMMIT CREEK BLVD. #4109 ORLANDO, FL 32837 US

FEI Number: 26-4653534 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RASUL, DENA 4303 SUMMIT CREEK BLVD. #4109 ORLANDO, FL 32837 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO

Name: RASUL, DENA

Address: 4303 SUMMIT CREEK BLVD. #4109

City-St-Zip: ORLANDO, FL 32837 US

Title: VP

Name: LATIMER, BEVERLY

Address: 4303 SUMMIT CREEK BLVD. #4109

City-St-Zip: ORLANDO, FL 32837 US

Title: CFO

Name: WARD, LOUVONIA

Address: 4303 SUMMIT CREEK BLVD. #4109

City-St-Zip: ORLANDO, FL 32837 US

Title: [

Name: TAYLOR, URSULA

Address: 4303 SUMMIT CREEK BLVD. #4109

City-St-Zip: ORLANDO, FL 32837 US

Title: DAS

Name: SIMPSON, ROXANNE L

Address: 4303 SUMMIT CREEK BLVD. #4109

City-St-Zip: ORLANDO, FL 32837 US

Title: DS

Name: CYPRIAN, CAROL S

Address: 4303 SUMMIT CREEK BLVD. #4109

City-St-Zip: ORLANDO, FL 32837 US

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: LOUVONIA J. WARD CFO 08/15/2011