2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2011
Secretary of State

DOCUMENT# P10000031299

Entity Name: PSI MARKETING, INC.

Current Principal Place of Business:

1211 SR 436 STE 115
CASSELBERRY, FL 32707 US

New Principal Place of Business:

1211 STATE RD 436
STE 115
CASSELBERRY, FL 32707 US

Current Mailing Address:

1211 SR 436 STE 115
CASSELBERRY, FL 32707 US

New Mailing Address:

1211 STATE RD 436
STE 115
CASSELBERRY, FL 32707 US

FEI Number: 80-0577564 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARD, SARAH
1211 SR 436 STE 115
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

WARD, SARAH
1211 STATE RD 436
STE 115
CASSELBERRY, FL 32707 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: _____ 02/28/2011

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: WARD, SARAH
Address: 1211 STATE RD 436 STE 115
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VP
Name: WARD, SARAH
Address: 1211 STATE RD 436 STE 115
City-St-Zip: CASSELBERRY, FL 32707 US

Title: DIR
Name: WARD, SARAH
Address: 1211 STATE RD 436 STE 115
City-St-Zip: CASSELBERRY, FL 32707 US

Title: SEC
Name: WARD, SARAH
Address: 1211 STATE RD 436 STE 115
City-St-Zip: CASSELBERRY, FL 32707 US

Title: TREA
Name: WARD, SARAH
Address: 1211 STATE RD 436 STE 115
City-St-Zip: CASSELBERRY, FL 32707 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: SARAH WARD PRES 02/28/2011

Electronic Signature of Signing Officer or Director — Date