


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90117 015 ***158.75

DOCUMENT # P28310	
1. Entity Name PST SERVICES, INC.	

Principal Place of Business 1145 SANCTUARY PARKWAY SUITE 200 ALPHARETTA, GA 30004	Mailing Address 1145 SANCTUARY PARKWAY SUITE 200 ALPHARETTA, GA 30004
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01032006 Chg-P CR2E034 (11/05)

4. FEI Number 58-1953146	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PERKINS, CHRIS <input type="checkbox"/> Delete 1145 SANCTUARY PARKWAY STE 200 ALPHARETTA, GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEAD, PHILIP M <input type="checkbox"/> Delete 1145 SANCTUARY PARKWAY STE 200 ALPHARETTA, GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP PERKINS, CHRIS E <input type="checkbox"/> Delete 1145 SANCTUARY PARKWAY STE 200 ALPHARETTA, GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LESHYNSKI, CARYN <input type="checkbox"/> Delete 1145 SANCTUARY PARKWAY STE 200 ALPHARETTA, GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVSG QUINER, PAUL J <input type="checkbox"/> Delete 1145 SANCTUARY PARKWAY STE 200 ALPHARETTA, GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALLAHAN, MICHAEL K <input type="checkbox"/> Delete 1145 SANCTUARY PARKWAY STE 200 ALPHARETTA, GA 30004

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Robert D. Jones, Jr., Assistant Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Phone #