## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business   Mailling Address   700 E DANIA BEACH BLVD   700 E DANIA FL 33004	DOCUMENT # P96000087710  1. Entity Name PSB INTERNATIONAL, INC.					FILED 06 SEP 19 PH 3: 25			
2. Principal Place of Business 3. Mailing Address   Sulfa, Apt. 4, etc.   Og112006   ChgP   CR2E034 (11/05)   City & State   City & State   City & State   A. FEI Number   Sp. 100   Applied For   Applied	5880 COLLINS AVE. #1204		700 E DANIA BEACH BLVD			ALLAHASSEE, FLORIDA			
City & State  Ci			3. Mailing Address	3. Mailing Address					
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional   \$8.75 Addi	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P CF	R2E034 (11/05)		
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required	City & State		City & State			ns2	<del>                                     </del>		
Name and Address of Current Registered Agent   17. Name and Address of New Registered Agent   18   18   18   19   19   19   19   19	Zip	Country	Zip	Zip Country			\$8.75 Add	itional	
SITERET ADDRESS OTHY-ST-ZIP NAME					7. Name and Address of New Registered Agent				
DANIA, FL 33004  S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature File NOWIII FEE IS \$150.00  Due by September 15, 2006  Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III	i │VIVIES, PA	- ATRICK		Name -					
S. 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				Street A	ddress (P.O. Box Number	(P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its 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 reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  Due by September 15, 2006  9. Election Campaign Financing Trust Fund Contribution.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PVD ERARD, PATRICK STREET ADDRESS CITY-ST-2P NICE, FR 66000  TITLE ST OBelde TITLE ST OBERS CITY-ST-2P NICE, FR 66000  TITLE ST OBERS STREET ADDRESS CITY-ST-2P NICE, FR 66000  TITLE ST OBERS STREET ADDRESS CITY-ST-2P NICE, FR 66000  TITLE STREET ADDRESS CITY-ST-2P NICE, FR 66000  CITY-ST-2P NICE, FR 66000  CITY-ST-2P NICE TITLE NAME STREET ADDRESS CITY-ST-2P OBelde STREET ADDRESS CITY-ST-2P OBERS STREET ADDRESS STREE	DANIA, FE 33004				300080026663				
SIGNATURE    Signature injusted or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)   DATE				City	09/21/	<sup>706010230</sup>	FL +20 600	:00	
Signature, hyped or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)   Position									
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PVD ERARD, PATRICK STREET ADDRESS OITY-ST-ZIP NICE, FR 06000  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS OITY-ST-ZIP NICE, FR 06000  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS OITY-ST-ZIP NICE, FR 06000  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  Addition  STREET ADDRESS OITY-ST-ZIP NICE, FR 06000  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  Addition  STREET ADDRESS OITY-ST-ZIP NICE, FR 06000  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  Addition  Addition  NAME STREET ADDRESS OITY-ST-ZIP NICE, FR 06000  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  Addition  NAME STREET ADDRESS OITY-ST-ZIP  TITLE NAME STREET ADDRESS OITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS OITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDR	SIGNATURE Signature, typed or printed dame of registered agent and title if populcable (NOTE Registered &pent should be registered when rejectation).								
Trust Fund Contribution.   Added to Fees   Corporation did not receive the prior notice.    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   PVD   Change   Addition   NAME   STREET ADDRESS   CITY-S1-ZIP   NICE   FR 06000   TITLE   ST   Delete   TITLE   NAME   STREET ADDRESS   CITY-S1-ZIP   NICE, FR 06000   TITLE   ST   Delete   TITLE   NAME   STREET ADDRESS   CITY-S1-ZIP   NICE, FR 06000   Change   Addition   NAME   STREET ADDRESS   CITY-S1-ZIP   NICE, FR 06000   Change   Addition   NAME   STREET ADDRESS   CITY-S1-ZIP   TITLE   NAME   STREET ADDRESS   CITY-S1-ZIP   Change   Addition   NAME   STREET ADDRESS   CITY-S1-ZIP   Change   Addition   NAME   STREET ADDRESS   CITY-S1-ZIP   Change   Addition   NAME   STREET ADDRESS   STREET ADDRES									
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12. I hereby certify that the information supplied with this filing does not abilify 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 sme 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: 09/15/606									
SIGNATURE AND TYPED OR PRINTED NAME OF SISKING OF DEED OR DIRECTOR Date Daystine Phone #		SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OF LIVER	OR DIRECTOR		Date L	Daytime Phone #		