2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000045109

FILED Feb 13, 2008 Secretary of State

Entity Name: PSYCHOLOGY SOFTWARE, INC. **Current Principal Place of Business: New Principal Place of Business:** 2517 RIVER TREE CIRCLE SANFORD, FL 32771 **Current Mailing Address: New Mailing Address:** 2517 RIVER TREE CIRCLE SANFORD, FL 32771 FEI Number: 59-3511972 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEVY, C. MICHAEL LEVY, C. MICHAEL 2517 RIVER TREE CIRCLE 2607 NW 25 PLACE GAINESVILLE, FL 32605 US SANFORD, FL 32771 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: C. MICHAEL LEVY 02/13/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LEVY, C. MICHAEL Name: Name: 2517 RIVER TREE CIRCLE Address: Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: DR Title: () Change () Addition () Delete Name: LEVY, JANE Name: 2517 RIVER TREE CIRCLE Address: Address: SANFORD, FL 32771 City-St-Zip: 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: DR. C. MICHAEL LEVY **PRES** 02/13/2008