2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S05175

Entity Name: PSYCH NET, INC.

FILED Apr 25, 2004 Secretary of State

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

9950 STIRLING ROAD, SUITE 107 10000 STIRLING ROAD COOPER CITY, FL 33024

SUITE 6

COOPER CITY, FL 33024

Current Mailing Address: New Mailing Address:

9950 STIRLING ROAD, SUITE 107 10000 STIRLING ROAD COOPER CITY, FL 33024

SUITE 6

COOPER CITY, FL 33024

FEI Number: 65-0224720 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:

WOOLFSTEAD, JAY S. WOOLFSTEAD, JAY S 10000 STIRLING ROAD 9950 STERLING RD

SUITE 107 SUITE 6

COOPER CITY, FL 33024 US COOPER CITY, FL 33024 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: JAY S. WOOLFSTEAD 04/25/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MANN, DOUGLAS S., MANN, DOUGLAS S. Name: Name: 418 PLAIN STREET 418 PLAIN STREET Address: Address: City-St-Zip: WALSENBURG, CO 81089 City-St-Zip: WALSENBURG, CO 81089

() Delete Title: PVPT Title: **PVPT** (X) Change () Addition

WOOLFSTEAD, JAY S Name: Name: WOOLFSTEAD, JAY S 620 STANTON DRIVE 620 STANTON DRIVE Address: Address: WESTON, FL 33326 City-St-Zip: WESTON, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAY S. WOOLFSTEAD **PRES** 04/25/2004