
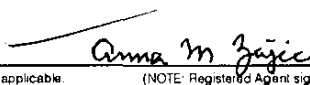


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90068 048 ***158.75

DOCUMENT # S51423 1. Entity Name P. S. P. I., INC.			
Principal Place of Business 15 DAHOON CT SOUTH / HOMOSASSA FL 34446-8922 ADDRESS CHANGE		Mailing Address 15 DAHOON CT / HOMOSASSA FL 32646-8921	
2. Principal Place of Business 1183 HOUSTON STREET Suite, Apt. #, etc.		3. Mailing Address 1183 HOUSTON STREET Suite, Apt. #, etc.	
City & State MELBOURNE - FLORIDA Zip 32935-7026		City & State MELBOURNE - FLORIDA Zip 32935-7026	
Country US of A.		Country US of A.	
4. FEI Number 59-3064387		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POE, GARY A. 103 N APOPKA AVE INVERNESS FL 32650		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <div style="text-align: center;">  </div>		DATE <div style="text-align: center;"> 7 February 2005 </div>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALSTEAD, GERALDINE A 763 PEREGRINE DR INDIALANTIC FL 32903	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAJIC, MELANIE 8402 CHILLUM CT SPRINGFIELD VA 22153	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVELLI, CAROL LEE 101 STATE HIGHWAY 5 APT 201 EDGEWATER NJ 07020	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAJIC, ANNA M 15 DAHOON CT SOUTH HOMOSASSA FL 34446-8922	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZAJIC, ANNA M 15 DAHOON CT SOUTH HOMOSASSA FL 34446-8922	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Anna M Zajic

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 February 2005 321-255-4683

Date

Daytime Phone #