## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
1. Entity Nam	MENT # S55335 L PRESSURE SERVICES, INC	<b>c.</b>				iy or state
2556 DUDLEY DRIVE EAST Z		amng Address 2556 DUDLEY DRIVE EAST BUITE F WEST PALM BEACH, FL 33415				
·	O NOT WRITE	IN THIS SDAC	· <b>c</b>	04292006	No Chg-P	CR2E034 (11/05)
<b></b>	NO MOT AAVUET	IIY IMO OFAC	· L	4. FE) Numb 65-026		Applied For Not Applica
	, 1970 1970 1970 1971		Top &		of Status Desired	\$8.75 Additional Fee Required
	8. Name and Address of Current Reg	istered Agent			-	
MARTIN, ALBERT 2556 DUDLEY DRIVE EAST SUITE F WEST PALM BEACH, FL 33415			DO NOT WRITE IN THIS SPACE			
8. The above the obligat	a named entity submits this statement for the tions of registered agent.  Starreture, types of printed filling of registered agent and the starreture of registered agent and the starreture.	>	office or register			da. I am familiar with, and acce
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finance     Trust Fund Contribution.		00 May Be ed to Fees	•	
10.	OFFICERS AND DIF	ECTORS				· · · · · · · · · · · · · · · · · ·
NAME STREET ADDRESS CXTY-ST-ZIP	PST MARTIN, ALBERT 2556 DUDLEY DR EAST #F WEST PALM BCH, FL	·			U00000 05/18/06-	\$60885  -80056-015 150.00
TITLE NAME STREET ADDRESS CXTY-S7-ZP	D MARTIN, ALBERT 2556 DUDLEY DR EAST #F WEST PALM BCH, FL		,			
DTLE				··· '		
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE
TITLE NAME				IN.	THIS SP	ACE
STREET ADDRESS CITY-ST-ZIP					_	

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

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

5/1/06

561 439-3253