

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005011

FILED
Apr 28, 2006
Secretary of State

Entity Name: SENTINEL INDUSTRIES, INC.

Current Principal Place of Business:

236 W. 10TH AVENUE, SUITE 100
ANCHORAGE, AK 99501

New Principal Place of Business:

Current Mailing Address:

235 S. MANSFIELD AVE.
LOS ANGELES, CA 90036

New Mailing Address:

FEI Number: 74-2967701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDPS () Delete
Name: WHITE, PARALEE
Address: 236 W. 10TH AVENUE, SUITE 100
City-St-Zip: ANCHORAGE, AK 99501

Title: T () Delete
Name: WHITE, PARALEE
Address: 236 W. 10TH AVENUE, SUITE 100
City-St-Zip: ANCHORAGE, AK 99501

Title: D () Delete
Name: ANDERSON, ALLEN
Address: P.O. BOX 37
City-St-Zip: MCGRATH, AK 99627

Title: V () Delete
Name: WILSON, CHRISTINE
Address: 235 S. MANSFIELD AVE.
City-St-Zip: LOS ANGELES, CA 90036

Title: D () Delete
Name: OTTE, VICKI
Address: P.O. BOX 240633
City-St-Zip: ANCHORAGE, AK 99524

Title: SV () Delete
Name: COGHILL, BOB
Address: P.O. BOX 15
City-St-Zip: MCGRATH, AK 99627

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: COGHILL, BOB
Address: P.O. BOX 15
City-St-Zip: MCGRATH, AK 99627

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTINE WILSON

V

04/28/2006

Electronic Signature of Signing Officer or Director

Date