

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005011

FILED  
Jan 16, 2007  
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:

2100 EAST 63RD AVENUE, SUITE 200  
ANCHORAGE, AK 99507

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDPS (X) Change ( ) Addition  
Name: WHITE, PARALEE  
Address: 2100 EAST 63RD AVENUE, SUITE 200  
City-St-Zip: ANCHORAGE, AK 99507

Title: T (X) Change ( ) Addition  
Name: WHITE, PARALEE  
Address: 2100 EAST 63RD AVENUE, SUITE 200  
City-St-Zip: ANCHORAGE, AK 99507

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:

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 F. WILSON

V

01/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date