


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90062 020 ****61.25

DOCUMENT # N04000000968

1. Entity Name
 PSYCHIC SCIENTIFIC INVESTIGATORS INC.



Principal Place of Business
 7117 SW ARCHER RD #147
 GAINESVILLE, FL 32608

Mailing Address
 7117 SW ARCHER RD #147
 GAINESVILLE, FL 32608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



04192005 Chg-NP CR2E037 (10/03)

4. FEI Number
 92-0186708

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOVE, DR THOMAS M
 7117 SW ARCHER RD #147
 GAINESVILLE, FL 32608

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 Dr. Thomas M. Dove DATE 4-19-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	DOVE, DR PENNY A	
STREET ADDRESS	7117 SW ARCHER RD #147	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	DOVE, DR THOMAS M	
STREET ADDRESS	7117 SW ARCHER RD #147	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	CB	<input type="checkbox"/> Delete
NAME	WELLS, BETH	
STREET ADDRESS	289 SQUANKUN RD	
CITY-ST-ZIP	FARMINGDALE, NJ 07727	
TITLE	ES	<input type="checkbox"/> Delete
NAME	JONES, ELISABETH	
STREET ADDRESS	2066 S ALASKA AVE	
CITY-ST-ZIP	PROVO, UT 84606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: Dr. Thomas M. Dove DATE 4-19-05 DAYTIME PHONE # 352-376-8822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR