


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000000968
 1. Entity Name
 PSYCHIC SCIENTIFIC INVESTIGATORS INC.



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

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02262006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
 92-0186708 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

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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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 April 10, 2006 352-375-7839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #