


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

5/1

05-08-2007 90007 014 ****61.25

DOCUMENT # N0400000968
 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

DO NOT WRITE IN THIS SPACE

66017308



04232007 No Chg-NP CR2E037 (4/06)

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: *Thomas M Dove*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DOVE, DR PENNY A 7117 SW ARCHER RD #147 GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DOVE, DR THOMAS M 7117 SW ARCHER RD #147 GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB WELLS, BETH 289 SQUANKUN RD FARMINGDALE, NJ 07727
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ES JONES, ELISABETH 2086 S ALASKA AVE 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: *Penny Dove*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *April 22, 07* Daytime Phone #: *352-376-8822*