

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000064651

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: SENSOR TECHNOLOGIES, INC.

**Current Principal Place of Business:**

1600 SUNSHINE DR  
CLEARWATER, FL 33765

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5988  
CLEARWATER, FL 33758

**New Mailing Address:**

FEI Number: 59-3729052      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MITCHELL, JAMES R  
1600 SUNSHINE DR  
CLEARWATER, FL 33765      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: PD ( ) Delete  
Name: MITCHELL, JAMES R  
Address: 1600 SUNSHINE DR  
City-St-Zip: CLEARWATER, FL 33765

Title: D ( ) Delete  
Name: JOHNSON, PATRICIA  
Address: 1600 SUNSHINE DR  
City-St-Zip: CLEARWATER, FL 33765

Title: D ( ) Delete  
Name: DOUGHERTY, DIANE  
Address: 1600 SUNSHINE DR  
City-St-Zip: CLEARWATER, FL 33765

Title: D ( ) Delete  
Name: LAHOWITZ, ANN  
Address: 1600 SUNSHINE DR  
City-St-Zip: CLEARWATER, FL 33765

Title: SD ( ) Delete  
Name: PLOUFFE, WILLIAM  
Address: 1600 SUNSHINE DR  
City-St-Zip: CLEARWATER, FL 33765

**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: SD (X) Change ( ) Addition  
Name: HOWELL, NANCY  
Address: 1600 SUNSHINE DR  
City-St-Zip: CLEARWATER, FL 33765

I hereby certify that the information supplied with this filing does not qualify 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: JAMES MITCHELL

Electronic Signature of Signing Officer or Director

P

03/19/2009

\_\_\_\_\_ Date