


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000060526
 1. Entity Name
TRI-SENSE MEDICAL, INC.



Principal Place of Business Mailing Address
 13020 PARK BLVD. 13020 PARK BLVD.
 SEMINOLE, FL 33776 SEMINOLE, FL 33776

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 90-0098862	Applied For Not Applicable
5. Certificate of Status Destroyed <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STROHAUER, GARY N
 1150 CLEVELAND STREET
 SUITE 300
 CLEARWATER, FL 33755

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

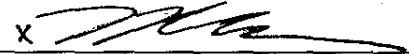
00000201904
 01/28/05-80087-003 300.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KIDD, RICHARD C
STREET ADDRESS	13020 PARK BLVD.
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	D
NAME	CLARKSON, FREDERICK W
STREET ADDRESS	13020 PARK BLVD
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	D
NAME	FISHER, MARIANNE
STREET ADDRESS	13020 PARK BLVD
CITY-ST-ZIP	SEMINOLE, FL 33776
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 exemption stated in Section 119.07(3)(f), 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 607, 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: X  Date: X 1-13-05 Daytime Phone #: 727-393-3404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR