


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000064651
 1. Entity Name
 SENSOR TECHNOLOGIES, INC.



Principal Place of Business Mailing Address
 1600 SUNSHINE DR PO BOX 5988
 CLEARWATER, FL 33765 CLEARWATER, FL 33758

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3729052 (Not Applicable)

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

6. Name and Address of Current Registered Agent
 MITCHELL, JAMES R
 1600 SUNSHINE DR
 CLEARWATER, FL 33765

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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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	MITCHELL, JAMES R
STREET ADDRESS	1600 SUNSHINE DR
CITY-ST-ZIP	CLERAWATER, FL 33765
TITLE	D
NAME	JOHNSON, PATRICIA
STREET ADDRESS	1600 SUNSHINE DR
CITY-ST-ZIP	CLERAWATER, FL 33765
TITLE	D
NAME	DOUGHERTY, DIANE
STREET ADDRESS	1600 SUNSHINE DR
CITY-ST-ZIP	CLERAWATER, FL 33765
TITLE	D
NAME	LAHOWITZ, ANN
STREET ADDRESS	1600 SUNSHINE DR
CITY-ST-ZIP	CLERAWATER, FL 33765
TITLE	CD
NAME	BENNETT, LESLIE M
STREET ADDRESS	1600 SUNSHINE DR
CITY-ST-ZIP	CLERAWATER, FL 33765
TITLE	TD
NAME	BENNETT, LESLIE M
STREET ADDRESS	1600 SUNSHINE DR
CITY-ST-ZIP	CLERAWATER, FL 33765

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 02/11/06-80001-018 150.00

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 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 information.

SIGNATURE:  JAMES R. MITCHELL Date: 1/30/06 Daytime Phone #: 727-573-1900