


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000105653</b> 1. Entity Name <b>SENSORS WORLD, INC.</b>					
Principal Place of Business <b>1666 PROVIDENCE CIRCLE ORLANDO FL 32818</b>			Mailing Address <b>1666 PROVIDENCE CIRCLE ORLANDO FL 32818</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-3612389</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent  <b>ACHAREKAR, M.A. 1666 PROVIDENCE CR ORLANDO FL 32818</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		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 constituting) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	PRES ACHAREKAR, MADHU A 1666 PROVIDENCE CIRCLE ORLANDO FL 32818 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<div style="border: 1px solid black; padding: 5px; text-align: center;">           U000000601852            01/26/07-80066-006 150.00         </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	VP ACHAREKAR, SUSAN R 1666 PROVIDENCE CIRCLE ORLANDO FL 32818 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered.					
<b>SIGNATURE:</b> <i>M. A. Acharekar</i> <b>M. A. ACHAREKA</b> <i>1/26/2007</i> <i>407-298-4185</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

