2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 25, 2005 08:00 AM DOCUMENT # 574289 **Secretary of State** 1. Entity Name AUTOMATION SCIENCES, INC. Principal Place of Business Mailing Address 4306 N. TAMIAMI TRAIL 4306 N. TAMIAMI TRAIL SARASOTA FL 34234 SARASOTA FL 34234 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 59-1829921 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUBBS, GUSTAVE DR 6409 KYLIE CREEK WAY Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34240 City 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 Signature, typed of printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 000000243412 change 0 02/25/05-80039-002 150.00 ☐ Addition TITLE TOTLE Delete DUBBS, DANIEL NAME NAME STREET ADDRESS 3601 AZALEA LANE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME MCKENNA, DIANE 2624 SIESTA DRĪVE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP SARASOTA FL 34239 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME DUBBS, DOLORES NAME STREET ADDRESS STREET ADDRESS 6409 KYLIE CREÉK WAY CITY-ST-ZIP SARASOTA FL 34240 CHTY-ST-ZIE VD Delete ☐ Change ☐ Addition TITLE DUBBS, GUSTAVE NAME STREET ADDRESS 6409 KYLIE CREEK WAY STREET ADDRESS SARASOTA FL 34240 CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete MILE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change Addition ME HILE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath, 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:

FILED