

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 574289

FILED
Apr 28, 2006
Secretary of State

Entity Name: AUTOMATION SCIENCES, INC.

Current Principal Place of Business:

4306 N. TAMIAMI TRAIL
SARASOTA, FL 34234 US

New Principal Place of Business:

6321 PORTER RD
SUITE 13
SARASOTA, FL 34240 US

Current Mailing Address:

4306 N. TAMIAMI TRAIL
SARASOTA, FL 34234 US

New Mailing Address:

6321 PORTER RD
SUITE 13
SARASOTA, FL 34240 US

FEI Number: 59-1829921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBBS, GUSTAVE DR
6409 KYLIE CREEK WAY
SARASOTA, FL 34240 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: DUBBS, DANIEL,
Address: 3601 AZALEA LANE
City-St-Zip: SARASOTA, FL 34240

Title: SD () Delete
Name: MCKENNA, DIANE
Address: 2624 SIESTA DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: TD (X) Delete
Name: DUBBS, DOLORES,
Address: 6409 KYLIE CREEK WAY
City-St-Zip: SARASOTA, FL 34240

Title: VD () Delete
Name: DUBBS, GUSTAVE
Address: 6409 KYLIE CREEK WAY
City-St-Zip: SARASOTA, FL 34240

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: TINA DONNELLY

OM

04/28/2006

Electronic Signature of Signing Officer or Director

Date