


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90062 020 ****61.25

DOCUMENT # N04000000968 1. Entity Name PSYCHIC SCIENTIFIC INVESTIGATORS INC.					
Principal Place of Business 7117 SW ARCHER RD #147 GAINESVILLE, FL 32608			Mailing Address 7117 SW ARCHER RD #147 GAINESVILLE, FL 32608		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent DOVE, DR THOMAS M 7117 SW ARCHER RD #147 GAINESVILLE, FL 32608				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <u>Dr. Thomas M. Dove</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4-19-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DOVE, DR PENNY A 7117 SW ARCHER RD #147 GAINESVILLE, FL 32608			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DOVE, DR THOMAS M 7117 SW ARCHER RD #147 GAINESVILLE, FL 32608			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB WELLS, BETH 289 SQUANKUN RD FARMINGDALE, NJ 07727			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ES JONES, ELISABETH 2066 S ALASKA AVE PROVO, UT 84606			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing 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 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 617, 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: <u>Dr. Thomas M. Dove</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>4-19-05</u> <u>352-376-8822</u> <small>Daytime Phone #</small>	