

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000024787

Entity Name: SENTELLIGENCE, INC.

FILED  
Jun 29, 2005  
Secretary of State

## Current Principal Place of Business:

2100 SOUTH OCEAN LANE  
#601  
FORT LAUDERDALE, FL 33316

## Current Mailing Address:

2100 SOUTH OCEAN LANE  
#601  
FORT LAUDERDALE, FL 33316

## New Principal Place of Business:

8470 ALLISON POINTE BLVD  
STE 100  
INDIANAPOLIS, IN 46250

## New Mailing Address:

8470 ALLISON POINTE BLVD  
STE 100  
INDIANAPOLIS, IN 46250

FEI Number: 65-1082202

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DEWEES, LEDYARD H  
270 N W 3RD COURT  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

PHILIP, EVANS R  
4478 WERLEYS CORNER ROAD  
NEW TRIPOLI, PA, FL 18066 US

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: RS QUALLS

06/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KAUFMAN, DEREK  
Address: 8330 CONSERVATION RD.  
City-St-Zip: ADA, MI 49301 US

Title: S ( ) Delete  
Name: EVANS, PHILIP R ESQ  
Address: 4478 WERLEYS CORNER RD.  
City-St-Zip: NEW TRIPOLI, PA 18066 US

Title: C/D ( ) Delete  
Name: QUALLS, ROBERT S  
Address: 2100 SOUTH OCEAN LANE #601  
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: P/D ( ) Delete  
Name: LINDEN, WILLIAM J  
Address: 108E KNOLL COURT  
City-St-Zip: NOBLESVILLE, IN 46060 US

Title: V/D ( ) Delete  
Name: COATES, JOHN P  
Address: 12 NORTH BRANCH ROAD  
City-St-Zip: NEWTOWN, CT 06470 US

Title: D ( ) Delete  
Name: KELSHEIMER, BRAD  
Address: 100 SOUTH CAMPUS DRIVE  
City-St-Zip: TERRE HAUTE, IN 47803

## 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:

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 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 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: RS QUALLS

CEO

06/29/2005

Electronic Signature of Signing Officer or Director

Date