

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000024787

Entity Name: SENTELLIGENCE, INC.

FILED
Aug 15, 2006
Secretary of State

Current Principal Place of Business:

8470 ALLISON POINTE BLVD
STE 100
INDIANAPOLIS, IN 46250

New Principal Place of Business:

Current Mailing Address:

8470 ALLISON POINTE BLVD
STE 100
INDIANAPOLIS, IN 46250

New Mailing Address:

FEI Number: 65-1082202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUALLS, ROB
2100 SOUTH OCEAN LANE #601
FORT LAUDERDALE, FL 33316 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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 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: PHILIP R. EVANS

S

08/15/2006

Electronic Signature of Signing Officer or Director

Date