


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90006 010 ***150.00

DOCUMENT # P02000107399

1. Entity Name
 SENTINEL, INC.



Principal Place of Business
 2216 LONGBOAT DR.
 NAPLES, FL 34104

Mailing Address
 2216 LONGBOAT DR.
 NAPLES, FL 34104

40036241



2. Principal Place of Business
 3673 Exchange Ave
 Suite, Apt. #, etc. Ste. A

3. Mailing Address
 3673 Exchange Ave
 Suite, Apt. #, etc. Ste. A

03082006 Chg-P CR2E034 (11/05)

City & State
 Naples FL

City & State
 Naples FL

4. FEI Number
 11-3656295

Applied For
 Not Applicable

Zip
 34104

Country
 US

Zip
 34104

Country
 US

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MARCZAK, MICHAEL A
~~2216 LONGBOAT DR.~~
~~NAPLES, FL 34104~~

7. Name and Address of New Registered Agent
 Name MIKE MARCZAK
 Street Address (P.O. Box Number is Not Acceptable)
 3673 Exchange Ave. Ste. A
 City Naples FL Zip Code 34104

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete MARCZAK, MICHAEL A 2216 LONGBOAT DR. NAPLES, FL 34104
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	PID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MICHAEL A. MARCZAK
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  3-17-06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MICHAEL A. MARCZAK
 Date: 3-17-06 Daytime Phone #