


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000060526**  
 1. Entity Name  
**TRI-SENSE MEDICAL, INC.**



Principal Place of Business      Mailing Address  
 13020 PARK BLVD.                      13020 PARK BLVD.  
 SEMINOLE, FL 33776                      SEMINOLE, FL 33776

**DO NOT WRITE IN THIS SPACE**



01122005    No Chg-P    CR2E034 (10/03)

4. FEI Number 90-0098862	Applied For Not Applicable
5. Certificate of Status Destroyed <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 STROHAUER, GARY N  
 1150 CLEVELAND STREET  
 SUITE 300  
 CLEARWATER, FL 33755

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

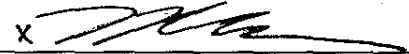
00000201904  
 01/28/05-80087-003 300.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KIDD, RICHARD C
STREET ADDRESS	13020 PARK BLVD.
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	D
NAME	CLARKSON, FREDERICK W
STREET ADDRESS	13020 PARK BLVD
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	D
NAME	FISHER, MARIANNE
STREET ADDRESS	13020 PARK BLVD
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X       727-393-3404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #