2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064934

Entity Name: DETECT, INC.

FILED Jul 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3160 AIRPORT ROAD PANAMA CITY, FL 32405

Current Mailing Address: New Mailing Address:

US

US

3160 AIRPORT ROAD PANAMA CITY, FL 32405

FEI Number: 54-2113454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANDREWS, GARY W
223 REDFISH CIRCLE
ANDREWS, GARY W
142 ROLLING DUNES DR WEST

223 REDFISH CIRCLE 142 ROLLING DUNES DR WEST SANTA ROSA BEACH, FL 32459 US SANTA ROSA BEACH, FL 32459 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: GARY W ANDREWS 07/10/2007

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 MERRITT, RONALD L
 Name:
 MERRITT, RONALD L

 Address:
 621 W. BALDWIN ROAD
 Address:
 414 COLORADO AVE

 City-St-Zip:
 PANAMA CITY, FL 32405 US
 City-St-Zip:
 LYNN HAVEN, FL 32444 US

Title: D () Delete Title: () Change () Addition

 Name:
 KELLY, THOMAS A
 Name:

 Address:
 507 HWY 229 F
 Address:

 City-St-Zip:
 PANAMA CITY, FL 32404
 City-St-Zip:

Title: DST () Delete Title: DST (X) Change () Addition

Name: ANDREWS, GARY W Name: ANDREWS, GARY W

Address: 223 REDFISH CIRCLE Address: 142 ROLLING DUNES DR WEST
City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify 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: GARY W ANDREWS DST 07/10/2007