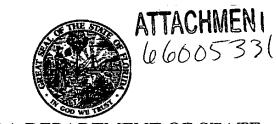
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 15, 2006 8:00 am Secretary of State

03-02-2006 90012 046 \*\*\*150.00

**DOCUMENT # P05000051614** SENSIBLE MICRO CORPORATION Principal Place of Business Malling Address 66005331 13266 BYRD DR P.O. BOX 805 SUITE 200 ODESSA, FL 33556--805 ODESSA, FL 33556 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. N, etc. CR2E034 (11/05) D1232006 City & State City & State Applied For 4. FEI Number 20-2650363 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TORRIONI, FERDINAND J Street Address (P.O. Box Number is Not Acceptable) 3926 SAYWOOD CT PALM HARBOR, FL 34685 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 ,After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. inje Date:e TITLE ☐ Change TORRIONI, CHRISTÓPHER M NAME NAME 3926 SAYWOOD CT STREET ADDRESS STREET ADDRESS CITY-SI-ZIP PALM HARBOR, FL=34685 CITY-51-20 D,T Oelele TITLE TITLE ☐ Change ■ Addition TORRIONI, FERDINAND J NAME NAME STREET ADDRESS 3926 SAYWOOD CT STREET ADDRESS PALM HARBOR, FL 34685 C21Y-S1-7P CITY-ST-73P Ocicio TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - \$1 - ZP. C114-51-21P TITLE ☐ Delete TITLE ☐ Chance Addition | NAME MAME STREET ADDRESS STREET ADDRESS CITY-57-21P CITY-ST-ZP C Celeto ITLE ☐ Addition TITLE ☐ Change NAME MAME STREET ADDRESS STREET ADORESS CITY-S1-ZIP CITY-SI-7:P Delete TITLE ■ Addition MAMF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2006

SENSIBLE MICRO CORPORATION P.O. BOX 805 ODESSA, FL 33556-805

Subject: SENSIBLE MICRO CORPORATION

Reference Number: (

P05000051614

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD ANNUAL REPORTS SECTION