2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 18, 2008 8:00 am Secretary of State DOCUMENT # P92000011378 1. Entity Name 02-18-2008 90003 034 ***150.00 ENVIRONMENTAL SENSORS CO. Principal Place of Business Mailing Address 2300 N. FEDERAL HIGHWAY BOCA RATON FL 33431 2234 N. FEDERAL HIGHWAY BOCA RATON FL 33431 3. Mailing Address 101-B Glodes 2. Principal Place of Business - No P.O. Box # 101-B Glades Road Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State Applied For City & State Baton 65-0380580 Boca FL Not Applicable Zip ろ5432 Country \$8.75 Additional 5. Certificate of Status Desired A عضا 33432 5-A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOCKER, LAURENCE D Street Address (P.O. Box Number is Not Acceptable) 3201 N. DIXIE HWY BOCA RATON FL:33431 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 Signature, typed or prested name of registered ingent and title. Lapplicable DATE (NOTE Registered Agent eighnture required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PTDC** Deiete TITLE ☐ Change ☐ Addition NAME LOCKER, LAURANCE D NAME STREET ADDRESS 3201 N. DIXIE HWY STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change ☐ Addition TITLE ☐ Dalete TITLE HAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition DE F ☐ Defete NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

02.07.08 561.338.3116

FILED

Daytine Phone

☐ Addition