## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P97000011955 01-24-2006 90011 008 \*\*\*150.00 SENSIBLE COMMUNICATION SYSTEMS, INC. Principal Place of Business Mailing Address 16046 VIA MONTEVERDE 5030 CHAMPION BLVD. DELRAY BEACH, FL 33446 G6-280 BOCA RATON, FL 33496 2. Principal Place of Business 3408 Water Lily 3. Mailing Address 0130 Northlake Blud 01172006 CR2E034 (11/05) Chg-P Applied For 4. FEI Number 95-2860145 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Frederick L GLADSTONE, FREDERICK L 16046 VIA MONTEVERDE # 104 DELRAY BEACH, FL 33446 rordlus ralm 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 ns of regis SIGNATURE TE: Registered Agent signature re en reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition GLADSTONE, FREDERICK L NAME Gladstone, Frederick L. 16046 VIA MONTEVERDE STREET ADDRESS STREET ADDRESS 3408 water-ling ct. CITY-ST-ZIP DELRAY BEACH, FL 33446 CITY-ST-ZIP Polin Beach TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITt F Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP le exemptions contained in Chapter 119, Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the intermation supplied with this filling does not qualify for indicated on this report or supplemental report is true and accurate and that my of the corporation or the eceiver of trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered SIGNATURE: E OF SIGNING OFFICE

FILED

Jan 24, 2006 8:00 am