


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008
 Secretary of

DOCUMENT # P98000072360

1. Entity Name
 PSYSTEME GAUGE TECHNOLOGY INC.



Principal Place of Business
 1956 BAYSHORE BLVD
 DUNEDIN, FL 34698 US

Mailing Address
 1956 BAYSHORE BLVD
 DUNEDIN, FL 34698 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

01032008 Chg-P CR2E034 (12/06)

4. FEI Number
 74-2902777

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DAVIDSON, JOHN N
 1956 BAYSHORE BLVD
 DUNEDIN, FL 34698

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST Delete
 NAME KRINGS, HANS-PETER
 STREET ADDRESS 1956 BAYSHORE BLVD
 CITY-ST-ZIP DUNEDIN, FL 34698

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

000000845318
 03/13/08-80033-015 150.00

TITLE AS Delete
 NAME DAVIDSON, JOHN
 STREET ADDRESS 1956 BAYSHORE BLVD
 CITY-ST-ZIP DUNEDIN, FL 34698

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE: KRINGS *25. February 2008*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #