

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000091225

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: PEOPLESense, INC.

**Current Principal Place of Business:**

4325 AUSTON WAY  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

**Current Mailing Address:**

4325 AUSTON WAY  
PALM HARBOR, FL 34685

**New Mailing Address:**

FEI Number: 59-3539106

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIKORA, DAVID  
4325 AUSTON WAY  
PALM HARBOR, FL 34685

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SIKORA, DAVID  
Address: 4325 AUSTON WAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete  
Name: SIKORA, WENDY  
Address: 4325 AUSTON WAY  
City-St-Zip: PALM HARBOR, FL 34685

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID SIKORA

PRES

04/30/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date