


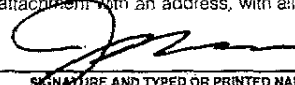
2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # S15695 1. Entity Name APPLIED SENSING PRODUCTS CORP.																										
Principal Place of Business 1770 BAYWOOD WAY SUITE 107B SARASOTA FL 34231 US		Mailing Address PO BOX 5235 SUITE 107B SARASOTA FL 34277-5235 US																								
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 		3. Mailing Address 1770 Baywood way Suite, Apt. #, etc. City & State Sarasota Zip FL																								
Country 		Country 34231																								
4. FEI Number 65-0229967		Applied For <input type="checkbox"/> Not Applicable																								
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																								
6. Name and Address of Current Registered Agent MARTIN, HEATHER 951 SEA FOXY VENICE FL 34293		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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																								
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:  **John A. Mackay** 4/24/06 941-923-281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #