

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M79291

Entity Name: SENOMA, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

1935 NW 18TH ST
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

1935 NW 18TH ST
POMPANO BEACH, FL 33069 US

New Mailing Address:

FEI Number: 65-0053483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

M&W AGENTS, INC., A FLORIDA CORP.
2101 CORPORATE BLVD STE 107
BOCA RATON, FL 33431 US

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: COO () Delete
Name: NORTH, JOSEPH C
Address: 1832 DRESSAGE CT. #832
City-St-Zip: WELLINGTON, FL 33414

Title: P () Delete
Name: SEEGER, KENNETH V P
Address: 1034 NW 121 LANE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: T () Delete
Name: SEEGER, SHANNON E T
Address: 1034 NW 121 LANE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: CEO () Delete
Name: MAY, JONATHAN
Address: 5512 OLD OCEAN DRIVE
City-St-Zip: OCEAN RIDGE, FL 33435

Title: CFO () Delete
Name: MURPHY, CYNTHIA S CFO
Address: 9568 BARLETTA WINDS PT
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COO (X) Change () Addition
Name: NORTH, JOSEPH C
Address: 10329 MEDICIS PLACE
City-St-Zip: WELLINGTON, FL 33467

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

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

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: CYNTHIA MURPHY

CFO

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date