## 2006 FOR PROFIT CORPORATION ANNUAL REPORT



**DOCUMENT # P05000158192** 

1. Entity Name EMU - SENSUALS, INC.

**FILED** Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90177 041 \*\*\*150.00

Principal Place of Business 3050 WYNSTONE DRIVE SEBRING, FL 33875  SEBRING, FL 33875  SEBRING, FL 33875  Sebring Address Suite, Apt. 4, etc.  Decode of Business Suite							- CO. 11							
SERRING, FL 33875  SERRING, FL 33875  SERRING, FL 33875  Suito, Apt. #, etc.  Suito, Apt. #, etc.  Suito, Apt. #, etc.  City & State  Service Address of New Registered Agent  ALVANOS, JOHN 3050 WYNSTONE DRIVE  SEBRING, FL 33875  City FL Zip Coop  8- The above named entity submits insistalement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept in the department of registered agent of register	Principal Place of Business N				Mailing Address			ų ų	100					
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Signature   Sign	City & State			C	City & State						× ×			•
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  ALVANOS, JOHN 3050 WYNSTONE DRIVE SEBRING, FL 33875  City FL  City FL  Zip Code  City St  Address of New Registered Agent  Accept in the State of Florida. I am familiar with, and accept in	7ia Causta			<del></del>	Zin Coun				20-3	7376	<u>U_</u>			
ALVANOS, JOHN 3050 WYNSTONE DRIVE SEBRING, FL 33875  City  FL  Zip Code  8- The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  TITLE  ALVANOS, JOHN  SIRET ADRESS  CITY-S1-2P  BULLAK, PAM  SIRET ADRESS  CITY-S1-2P  SEBRING, FL 33875  Debete  MAKE  SIRET ADRESS  CITY-S1-2P  TITLE  M	Zip Country			*	.ip	шу		5. Certificate	of Status D	esired				
Streat Address (P.O. Box Number is Not Acceptable)  FL	6. Name and Address of Current Registered Agent						Γ		7. Name and	d Address o	f New Re	gistered	Agent	
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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: (

Celvanos JOHN ALVANOS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRENIDENT

4/18/06

863-471-3181

Daytime Phone #