2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000055153

Entity Name: SECRET SCENTSATIONS, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6101 PALM TRACE LANDING DRIVE UNIT 109 **DAVIE, FL 33314 Current Mailing Address: New Mailing Address:** P.O. BOX 293033 6101 PALM TRACE LANDING DRIVE UNIT 109 DAVIE, FL 33314 DAVIE, FL 33329 FEI Number: 22-3980087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD () Delete Title: (X) Change () Addition BETHEL, FREDERICK U Name: Name: BETHEL, FREDERICK U 6101 PALM TRACE LANDING DRIVE UNIT 109 6101 PALM TRACE LANDING DRIVE UNIT 109 Address: Address: City-St-Zip: **DAVIE, FL 33314** City-St-Zip: **DAVIE, FL 33314** Title: CCO () Change (X) Addition Title: () Delete Name: Name: HAYES, DEREK PO BOX 293033 Address: Address: City-St-Zip: City-St-Zip: **DAVIE. FL 33329** Title: () Delete Title: CFO () Change (X) Addition PROWS, TRACY J Name: Name: PO BOX 293033 Address Address: City-St-Zip: City-St-Zip: **DAVIE, FL 33329** Title: () Delete Title: CSO () Change (X) Addition MCKISSICK, EDDIE Name: Name: Address: Address: PO BOX 293033 City-St-Zip: City-St-Zip: **DAVIE. FL 33329** Title: Title: SEC () Change (X) Addition () Delete BETHEL, SCHERRIE Name: Name: Address: 6101 PALM TRACE LANDING DRIVE UNIT 109 Address: City-St-Zip: City-St-Zip: DAVIE, FL 33314 Title: () Delete Title: **PRES** () Change (X) Addition Name: Name: BETHEL, FREDERICK 6101 PALM TRACE LANDING DRIVE UNIT 109 Address: Address: City-St-Zip: City-St-Zip: **DAVIE. FL 33314**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FREDERICK BETHEL PRES 04/14/2009