2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 442451

FILED Jan 28, 2005 Secretary of State

Entity Name: SENSA EDUCATIONAL SYSTEMS, INC.

Current Principal Place of Business:			ness:	New Principal Place of Business:
	SBORO MILE			
#110 HILLSBOF	RO BEACH, FL	33062	US	
Current M	lailing Addres	s:		New Mailing Address:
	SBORO MILE			
#110 HILLSBOF	RO BEACH, FL	33062	US	
El Number	: 59-1548274	FEI Num	nber Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of C	urrent R	egistered Agent	: Name and Address of New Registered Agent:
BARON, R 11077 BIS MIAMI, FL	CAYNE BLVD.,	, #307		
		submits th	nis statement for t	the purpose of changing its registered office or registered agent, or both,
n the State	e of Florida.	submits th	nis statement for t	he purpose of changing its registered office or registered agent, or both,
	e of Florida. ´ RE:		nis statement for turning the statement for the statement of the statement of Registered	
n the State	e of Florida. RE: Electron	ic Signatı		
n the State	e of Florida. RE: Electron	ic Signati	ure of Registered	
n the State BIGNATUF Election Car DFFICERS Title: Name: Address:	e of Florida. RE: Electron mpaign Financing S AND DIREC	ic Signati Trust Fur TORS: Delete (, RO MILE, #	ure of Registered nd Contribution ().	Agent Date
n the State	e of Florida. RE: Electron mpaign Financing S AND DIREC PTD () SHORE, LARRY 1155 HILLSBORO BE	ic Signati Trust Fur TORS: Delete (, RO MILE, # EACH, FL 3 Delete RD,	ure of Registered ad Contribution (). e110 e33062	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR: Title: () Change () Addition Name: Address:

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: LARRY SHORE PRES 01/28/2005