

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000046915

Entity Name: SENT HOLDINGS, INC.

FILED
Mar 10, 2005
Secretary of State

Current Principal Place of Business:

6735 33RD STREET EAST
SARASOTA, FL 34243

New Principal Place of Business:

6728 33RD STREET EAST
SARASOTA, FL 34243

Current Mailing Address:

6735 33RD STREET EAST
SARASOTA, FL 34243

New Mailing Address:

6728 33RD STREET EAST
SARASOTA, FL 34243

FEI Number: 65-0594075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUTH, CHRIS
6735 33RD STREET EAST
SARASOTA, FL 34243 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: P () Delete
Name: MUTH, CHRIS
Address: 902 SIROS TRAIL
City-St-Zip: SARASOTA, FL 34240

Title: S () Delete
Name: MCCABE, MARK
Address: 1620 KEELY LANE
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CHRIS MUTH

PRES

03/10/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date