


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # F00000004447

1. Entity Name
 SENSENICH COMPOSITES, INC.



Principal Place of Business
 2008 WOOD COURT
 PLANT CITY, FL 33567

Mailing Address
 120 SALLITT DR
 SUITE A
 STEVENSVILLE, MD 21666



02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 52-2257762

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROWELL, DONALD J 4304 LONGFELLOW DRIVE PLANT CITY, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C SULLIVAN, DONNA 120 SALLITT DR STE A STEVENSVILLE, MD 21666 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO HOZIK, JOHN 120 SALLITT DR STE A STEVENSVILLE, MD 21666 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BOSER, STEVEN 3409 CAMPBELL RD W. LAKELAND, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUTCHER, MCBEE 120 SALLITT DR STE A STEVENSVILLE, MD 21666 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUTCHER, JONATHAN 120 SALLITT DR STE A STEVENSVILLE, MD 21666 |

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 06/03/09-80044-008 150.00

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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: *Donna Sullivan* Controller *4/10/08* *410-604-3780*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #