2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L06000095981 1. Entity Name SENSATIONAL KIDS LLC Principal Place of Business 6912 4TH AV DR NW BRADENTON, FL 34209 US Meiling Address 6912 4TH AV DR NW BRADENTON, FL 34209 US

FILED Mar 14, 2008 08:00 AN Secretary of State

03122008 No Chg-LLC CR2E083 (12/07) Applied For 4. FEI Number 20-8284610 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent JONES, MARY L DO NOT WRITE 6912 4TH AV DR NW BRADENTON, FL 34209 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U000000859169 04/02/08-80013-010 143.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE JONES, MARY L NAME 6912 4TH AV DR NW STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:	M	osu	l	lose	>	
SIGNATUR	E AND TYPE	DO PRINTED	NAME OF SK	PHING MANAGING ME	IBER, OR AUTHORIZED I	REPRESENTATIVE

CITY-ST-ZIP

3-11-08 (941) 224 8934

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Daytime Phone #