

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002881

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: SENALES, INC

## Current Principal Place of Business:

1835 SAN ANTONIO WAY  
307  
VIERA, FL 32955 US

## New Principal Place of Business:

5410 MURRELL ROAD  
SUITE 205 #30  
VIERA, FL 32955 US

## Current Mailing Address:

3810 MURRELL ROAD  
104  
ROCKLEDGE, FL 32955 US

## New Mailing Address:

5410 MURRELL ROAD  
SUITE 205 #30  
VIERA, FL 32955 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOWEN, MATTHEW C  
1835 SAN ANTONIO WAY  
307  
VIERA, FL, FL 32955 US

## Name and Address of New Registered Agent:

BOWEN, MATTHEW C  
5410 MURRELL ROAD  
SUITE 205 #30  
VIERA, FL 32955 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: MATTHEW C. BOWEN

04/25/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BOWEN, MATTHEW C  
Address: 1835 SAN ANTONIO WAY 307  
City-St-Zip: VIERA, FL 32955 US

Title: V ( ) Delete  
Name: BARROS, JORGE  
Address: 1835 SAN ANTONIO WAY 307  
City-St-Zip: VIERA, FL 32955 US

Title: S ( ) Delete  
Name: BOWEN, ADRIANA C  
Address: 1835 SAN ANTONIO WAY 307  
City-St-Zip: VIERA, FL 32955 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BOWEN, MATTHEW C  
Address: 5410 MURRELL ROAD SUITE 205 #30  
City-St-Zip: VIERA, FL 32955 US

Title: V (X) Change ( ) Addition  
Name: BARROS, JORGE  
Address: 5410 MURRELL ROAD SUITE 205 #30  
City-St-Zip: VIERA, FL 32955 US

Title: S (X) Change ( ) Addition  
Name: BOWEN, ADRIANA C  
Address: 5410 MURRELL ROAD SUITE 205 #30  
City-St-Zip: VIERA, FL 32955 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW C. BOWEN

P

04/25/2005

Electronic Signature of Signing Officer or Director

Date