2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000039719

1. Entity Name
SENSATION PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
126 WOODLEAF DRIVE WINTER SPRINGS, FL 32708	126 WOODLEAF DRIVE WINTER SPRINGS, FL 32708

DO NOT WRITE IN THIS SPACE

01312007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3646355	Not Applicable

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

6. Name and Address of Current Registered Agent

LORIA, GINA C
126 WOODLEAF DR
WINTER SPRINGS, FL 32708

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LORIA, MARK
STREET ADDRESS	126 WOODLEAF DRIVE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	VP
NAME	LORIA, GINA C
STREET ADDRESS	126 WOODLEAF DRIVE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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U00000630830
02/20/07-80025-014 150.00

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: _Gina C Loria_   1/31/07   407-977-6768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #