

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000079709

Entity Name: SOD SENSATIONS, INC.

FILED
Apr 29, 2011
Secretary of State

Current Principal Place of Business:

1049 E. GARDEN PL.
PAHOKEE, FL 33476

New Principal Place of Business:

16700 W. AINTREE DRIVE.
LOXAHATCHEE, FL 33470 US

Current Mailing Address:

1049 E. GARDEN PL.
PAHOKEE, FL 33476

New Mailing Address:

16700 W. AINTREE DRIVE
LOXAHATCHEE, FL 33470 US

FEI Number: 65-1109885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISEMAN, CHARLES
1049 E. GARDEN PL.
PAHOKEE, FL 33476 US

Name and Address of New Registered Agent:

WISEMAN, CHARLES
16700 W. AINTREE DRIVE
LOXAHATCHEE, FL 33470 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:

Electronic Signature of Registered Agent

04/29/2011

Date

OFFICERS AND DIRECTORS:

Title: P
Name: WISEMAN, CHARLES B
Address: 16700 W AINTREE DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: V
Name: LARRIMORE, DEBBIE
Address: 1049 EAST GARDEN PL
City-St-Zip: PAHOKEE, FL 33476

Title: S
Name: WISEMAN, ERIC
Address: 1049 EAST GARDEN PL
City-St-Zip: PAHOKEE, FL 33476

I hereby 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 all other like empowered.

SIGNATURE: DEBBIE LARRIMORE

VP

04/29/2011

Electronic Signature of Signing Officer or Director

Date