

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119586

FILED  
Mar 13, 2008  
Secretary of State

Entity Name: SENSATIONS PEDIATRIC THERAPY, INC.

## Current Principal Place of Business:

685 S. BROAD STREET  
BROOKSVILLE, FL 34601

## New Principal Place of Business:

9159 SW 15 TH CT  
TRENTON, FL 32693

## Current Mailing Address:

685 S. BROAD ST.  
BROOKSVILLE, FL 34601

## New Mailing Address:

9159 SW 15TH CT.  
TRENTON, FL 32693

FEI Number: 75-3001952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEONBRUNO, JEFFREY J  
2214 POMEROY RD  
SPRING HILL, FL 34609 US

## Name and Address of New Registered Agent:

LEONBRUNO, JEFFREY J  
9159 SW 15TH CT  
TRENTON, FL 32693 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: JUDITH LEONBRUNO

03/13/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LEOBRUNO, JEFFREY  
Address: 2214 POMEROY RD  
City-St-Zip: SPRINGS HILL, FL 34609

Title: VP ( ) Delete  
Name: LEONBRUNO, JUDITH  
Address: 2214 POMEROY RD  
City-St-Zip: SPRING HILL, FL 34609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LEOBRUNO, JEFFREY  
Address: 9159 SW 15TH CT.  
City-St-Zip: TRENTON, FL 32693

Title: VP (X) Change ( ) Addition  
Name: LEONBRUNO, JUDITH  
Address: 9159 SW 15TH CT  
City-St-Zip: TRENTON, FL 32693

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUDITH LEONBRUNO

VP

03/13/2008

Electronic Signature of Signing Officer or Director

Date