

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

|                                                |                                                                                    |
|------------------------------------------------|------------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> P02000001857                 |  |
| 1. Entity Name<br><b>SENSATIONAL GIFTS CO.</b> |                                                                                    |

|                                                                                |                                                                    |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business<br><b>3711 E SHADOWLAWN AVE<br/>TAMPA FL 33610</b> | Mailing Address<br><b>3711 E SHADOWLAWN AVE<br/>TAMPA FL 33610</b> |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                                           |                                                     |
|-----------------------------------------------------------|-----------------------------------------------------|
| 1st MOORE                                                 | CR2E034 (10/05)                                     |
| 4. FEI Number<br><b>01-0582544</b>                        | Applied For<br><input type="checkbox"/> Not Applied |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required               |

|                                                                      |  |                                                    |             |
|----------------------------------------------------------------------|--|----------------------------------------------------|-------------|
| 6. Name and Address of Current Registered Agent                      |  | 7. Name and Address of New Registered Agent        |             |
| <b>DAVIS, SIDNEY JR<br/>3711 E SHADOWLAWN AVE<br/>TAMPA FL 33610</b> |  | Name                                               |             |
|                                                                      |  | Street Address (P.O. Box Number is Not Acceptable) |             |
|                                                                      |  | City                                               | FL Zip Code |

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 \_\_\_\_\_

|                                                                                                                                                 |                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> Added to Fee |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS |                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                              |
|----------------------------|------------------------------------|-------------------------------------------------------|--------------------------------------------------------------|
| TITLE                      | P <input type="checkbox"/> Delete  | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       | <b>DAVIS, SIDNEY JR</b>            | NAME                                                  |                                                              |
| STREET ADDRESS             | <b>3711 E. SHADOWLAWN AVE.</b>     | STREET ADDRESS                                        |                                                              |
| CITY-ST-ZIP                | <b>TAMPA FL 33610</b>              | CITY-ST-ZIP                                           | <b>05/13/06-80047-003 150.00</b>                             |
| TITLE                      | VP <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       | <b>DAVIS, SIDNEY JR</b>            | NAME                                                  |                                                              |
| STREET ADDRESS             | <b>3711 E. SHADOWLAWN AVE.</b>     | STREET ADDRESS                                        |                                                              |
| CITY-ST-ZIP                | <b>TAMPA FL 33610</b>              | CITY-ST-ZIP                                           |                                                              |
| TITLE                      | S <input type="checkbox"/> Delete  | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       | <b>DAVIS, SIDNEY JR</b>            | NAME                                                  |                                                              |
| STREET ADDRESS             | <b>3711 E. SHADOWLAWN AVE.</b>     | STREET ADDRESS                                        |                                                              |
| CITY-ST-ZIP                | <b>TAMPA FL 33610</b>              | CITY-ST-ZIP                                           |                                                              |
| TITLE                      | T <input type="checkbox"/> Delete  | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       | <b>DAVIS, SIDNEY JR</b>            | NAME                                                  |                                                              |
| STREET ADDRESS             | <b>3711 E. SHADOWLAWN AVE.</b>     | STREET ADDRESS                                        |                                                              |
| CITY-ST-ZIP                | <b>TAMPA FL 33610</b>              | CITY-ST-ZIP                                           |                                                              |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       |                                    | NAME                                                  |                                                              |
| STREET ADDRESS             |                                    | STREET ADDRESS                                        |                                                              |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP                                           |                                                              |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       |                                    | NAME                                                  |                                                              |
| STREET ADDRESS             |                                    | STREET ADDRESS                                        |                                                              |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP                                           |                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Sidney Davis Jr.* **Sidney Davis Jr.** 4-26-2006 813-632-8104