

**'2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

7/21/2005-90026-044-\$150.00-\$150.00

DOCUMENT # P02000102603

1. Entity Name

SENSATIONAL DESIGNS, INC.



FILED

05 AUG 19 PM 12: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

Principal Place of Business	Mailing Address		
8446 W. OAKLAND PARK BLVD. SUNRISE FL 33351	8446 W. OAKLAND PARK BLVD. SUNRISE FL 33351		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number	30-0115751	Applied For
		Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent		
ROLLE-BROWN, ERICA 8446 W. OAKLAND PARK BLVD. SUNRISE FL 33351	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	City <b>FL</b> 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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLLE-BROWN, ERICA 10303 NW 33RD ST. CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLLE-BROWN, ERICA 1493 E. Bexley Park Dr. Delray Beach FL 33445	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

7/18/19

12. I hereby certify that the information supplied with this filing does not qualify 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 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 the other like empowered.

SIGNATURE:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

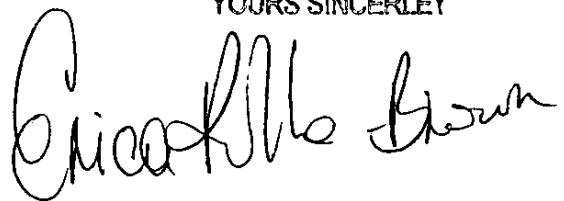
*Sensational Designs, Inc.*  
4448 W. Oakland Park Blvd.  
Sunrise, Florida 33351  
(954) 741-3698

16<sup>TH</sup> AUGUST 2005

RE: CORPORATE FILING REPORT  
TO WHOM IT MAY CONCERN,

I RECENTLY RECEIVED A LETTER FROM YOU SAYING THAT MY REPORT WAS NOT FILED IN ON TIME AND THAT THERE IS A LATE FEE OF 400 DOLLARS. I AM WRITING TO SAY THAT IT WAS NOT MAILED TO ME UNTIL THE END OF JUNE. I AM REQUESTING A WAIVER FROM THE FEES BECAUSE IT NOT MY FAULT THAT IT WAS MAILED LATE THANKS.

YOURS SINCERLEY



ERICA ROLLE BROWN