


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90002 035 ***150.00

DOCUMENT # P03000064978	
1. Entity Name WAREHOUSE SENSATIONS INC.	

Principal Place of Business 7353 LAWN TENNIS LANE JACKSONVILLE, FL 32277	Mailing Address 7353 LAWN TENNIS LANE JACKSONVILLE, FL 32277
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2. Principal Place of Business 2270 BELEN DR	3. Mailing Address 2270 BELEN DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

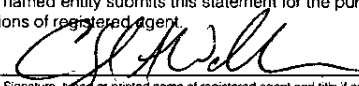
City & State DELTONA FL	City & State DELTONA FL
Zip 32738	Zip 32738
Country VOLUSIA	Country VOLUSIA

08032004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0076993	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEGALZOOM NEVADA INC 44 W. FLAGLER ST. SUITE 675 MIAMI, FL 33130	
7. Name and Address of New Registered Agent Name CHERYL WALLER Street Address (P.O. Box Number is Not Acceptable) 2270 BELEN DRIVE City DELTONA FL Zip Code 32738	

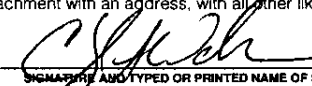
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **CHERYL A. WALLER, PRESIDENT** 8/26/04
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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WALLER, CHERYL		NAME JOSEPH R. WALLER, JR	
STREET ADDRESS 7353 LAWN TENNIS LANE		STREET ADDRESS 2270 BELEN DR	
CITY-ST-ZIP JACKSONVILLE, FL 32277		CITY-ST-ZIP DELTONA FL 32738	
TITLE	<input type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME CHERYL A. WALLER	
STREET ADDRESS		STREET ADDRESS 2270 BELEN DR	
CITY-ST-ZIP		CITY-ST-ZIP DELTONA FL 32738	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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"/> Addition
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 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 all other like empowered.

SIGNATURE:  **CHERYL A. WALLER** 8/26/2004 575-0537
Signature, typed or printed name of signing officer or director Date Daytime Phone #