

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000134640

Entity Name: SCENTIMENTALS INC.

FILED
Jan 13, 2006
Secretary of State

Current Principal Place of Business:

13541 SW 101 LANE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

13541 SW 101 LANE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 38-3693083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, SHARYN
13541 SW 101 LANE
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLEMING, SHERRI
Address: 443 AVE M.
City-St-Zip: MOORE HAVEN, FL 33471

Title: VD () Delete
Name: HENDERSON, SHARYN
Address: 13541 SW 101 LANE
City-St-Zip: MIAMI, FL 33186

Title: TD () Delete
Name: FLEMING, COURTNEY
Address: 443 AVE M
City-St-Zip: MOORE HAVEN, FL 33471

Title: S () Delete
Name: FLEMING, KELLY
Address: 443 AVE M
City-St-Zip: MOORE HAVEN, FL 33471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHERRI FLEMING

PD

01/13/2006

Electronic Signature of Signing Officer or Director

Date