

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093937

Entity Name: KITTY SENSATIONS INC.

FILED
Jul 16, 2008
Secretary of State

Current Principal Place of Business:

1435 NE 39TH STREET
OAKLAND PARK, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

1435 NE 39TH STREET
OAKLAND PARK, FL 33334 US

New Mailing Address:

FEI Number: 20-5207909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIOFFI, JAMES A
250 TEQUESTA DRIVE
#200
TEQUESTA, FL 33469 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANDERSON, RHONDA A
Address: 1435 NE 39TH STREET
City-St-Zip: OAKLAND PARK, FL 33334 US

Title: D () Delete
Name: LAPIER, KIM
Address: 1435 NE 39TH STREET
City-St-Zip: OAKLAND PARK, FL 33334 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: KIM LAPIER

PRES

07/16/2008

Electronic Signature of Signing Officer or Director

Date