

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90026 050 ***150.00

DOCUMENT # P95000086193 1. Entity Name SENSATIONAL ENTERTAINMENT XTRAVAGANZA, INC.					
Principal Place of Business 215 U.S. 27 CLERMONT, FL 34711			Mailing Address 17731 PHIL C PETERSON WINTER GARDEN, FL 34787		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO BOX 782			
City & State CLERMONT FL		City & State WINTER GARDEN FL		4. FEI Number 59-3356466	
Zip 34711		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LARSEN, CARL 17731 PHIL C PETERSON RD WINTER GARDEN, FL 34787				7. Name and Address of New Registered Agent Name NICK MAGRONE Street Address (P.O. Box Number is Not Acceptable) 1524 SYLVAN DR City MOUNT DORA FL Zip Code 32757	
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: NICK MAGRONE DATE: 2-23-06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP NAME ARDITO, BEN STREET ADDRESS 101 BRANDVIEW ST. #101 CITY-ST-ZIP MOUNT DORA, FL 32757	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DELETE	
TITLE PST NAME LARSEN, CARL STREET ADDRESS 17731 PHIL C PETERSON RD CITY-ST-ZIP WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DELETE	
TITLE PST NAME MAGRONE, NICK STREET ADDRESS 1524 SYLVAN DR CITY-ST-ZIP MT DORA, FL 32757	<input type="checkbox"/> Delete		TITLE PST NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME LARSEN, TINA STREET ADDRESS 17731 PHIL C PETERSON CITY-ST-ZIP WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DELETE	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.					
SIGNATURE: NICK MAGRONE President 2/26/06 352 7356770 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					