

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # S96423
1. Entity Name
SENSATIONS, INC.



Principal Place of Business 337 E INDIANTOWN RD SUITE 14 JUPITER, FL 33477	Mailing Address 337 E INDIANTOWN RD SUITE 14 JUPITER, FL 33477
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DO NOT WRITE IN THIS SPACE

02242005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0301238	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILKENS, BERROCALO
801 MAPLEWOOD DR
STE 22A
JUPITER, FL 33458**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P	ROORK, JAY V
NAME	2554 LALIQUE CIRCLE
STREET ADDRESS	PALM BCH GARDENS, FL
CITY - ST - ZIP	
TITLE ST	BAYJENSI, JOSEPH
NAME	2554 LALIQUE CIRCLE
STREET ADDRESS	PALM BCH GARDENS, FL
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/04/05-80023-019 150.00

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IN THIS SPACE**

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: Jay V Roork **3-2-05** **743-9333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #