2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V64528

1. Entity Name
SINENSIS INC.

Principal Place of Business	Mailing Address
~~P.O BOX 2275~~ ~~WINTER HAVEN, FL 33883 US~~	P.O BOX 2275 WINTER HAVEN, FL 33883 US

6 Bogey Dr WinterHaven FL 33881-9221

01132008   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3145019

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEARSON, EMBREE J JR
6 BOGEY DRIVE
WINTER HAVEN, FL 33881

DO NOT WRITE
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 _Embree J Pearson_

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
After May 1, 2008 Fee will be $550.00

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

U000000786156
01/17/08-80029-011 150.00

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	PEARSON, EMBREE J JR
STREET ADDRESS	P.O. BOX 2275
CITY-ST-ZIP	WINTER HAVEN, FL 33883
TITLE	TS
NAME	PEARSON, DELOORA F
STREET ADDRESS	PO BOX 2275
CITY-ST-ZIP	WINTER HAVEN, FL 338832275
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	2/5/08
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 all other like empowered.

SIGNATURE: _Embree J Pearson Sr_   1-11-08   863-287-8478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #