

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 652453

FILED
Jan 06, 2009
Secretary of State

Entity Name: WHITE SANDS OF LONGBOAT, INC.

Current Principal Place of Business:

5114 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 342282006

New Principal Place of Business:

Current Mailing Address:

5114 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 342282006

New Mailing Address:

FEI Number: 59-1968853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANKIN, LAWRENCE M. ATTORNEY
100 NORTH PINEAPPLE, STE. #6
SARASOTA, FL 33577 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: P () Delete
Name: KLAUBER, MURRAY J
Address: 1620 GULF OF MEXICO DR.
City-St-Zip: LONGBOAT KEY, FL

Title: V () Delete
Name: CHIPMAN, ROBERT
Address: 276 COLONY STREET
City-St-Zip: WINNIPEG MANITOBA, CA

Title: S () Delete
Name: SAUNDERS, MICHAEL
Address: 1801 MAIN STREET
City-St-Zip: SARASOTA, FL 34236

Title: T () Delete
Name: GOODY, CHRISTOPHER
Address: 670 FAIRMILE ROAD
City-St-Zip: W. VAN COUVER, BC, CAN,

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 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: MICHAEL SAUNDERS

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01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date