2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#838040

Address:

7301 S.W. 145 TERRACE

City-St-Zip: MIAMI, FL 33158

Entity Name: SANDY & BABCOCK INC

FILED May 01, 2006 Secretary of State

y		a BABCCCI III C			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 301	CH STREET I NCISCO, CA 9	94133 US			
Current Mailing Address:			New Mailing Addre	ss:	
SUITE 301	CH STREET I NCISCO, CA 9	94133 US			
FEI Number:	: 94-1723964	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
1200 S. PII PLANTATI The above		OAD 4 US	purpose of changing its register	ed office or registered agent, or both,	
	e of Florida. 				
SIGNATUI		nic Signature of Registered A	nent	 Date	
In accordan		93(2)(b), F.S., the corporation did	_	Bate	
Election Car		g Trust Fund Contribution ().		SES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:) Delete F CLE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () SETHI, DEVANI 7995 S.W. 147 MIAMI, FL 331	TH ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () LEE, SCOTT A 519 VERMONT SAN FRANCISC	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () ANDRIOLA, JO 920 MEDINA A' CORAL GABLE	VE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP () DUNN, KEVIN) Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: JOHN F. ELLER DP 05/01/2006