


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F96000006120</b> 1. Entity Name <b>SANDLER AT ANDROS ISLE, INC.</b>	
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Principal Place of Business <b>448 VIKING DRIVE, STE 220                  VIRGINIA BEACH, VA 23452</b>	Mailing Address <b>448 VIKING DRIVE, STE 220                  VIRGINIA BEACH, VA 23452</b>
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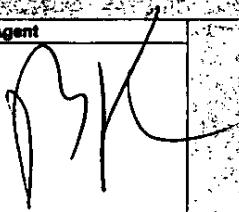
**FILED**  
**08 AUG 27 AM 9: 45**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>54-1823320</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY                  1201 HAYS STREET                  TALLAHASSEE, FL 32301-2525</b>	 <b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00                  After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fee</b>	300135428393 05/08--01046--007 **1450.00
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10. OFFICERS AND DIRECTORS	
TITLE	PCD
NAME	SANDLER, STEVEN B
STREET ADDRESS	1357 HARRIS ROAD
CITY-ST-ZIP	VIRGINIA BEACH, VA
TITLE	VSD
NAME	SANDLER, ARTHUR B
STREET ADDRESS	536 REDGATE AVENUE
CITY-ST-ZIP	NORFOLK, VA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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:** \_\_\_\_\_

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