2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2006
Secretary of State

DOCUMENT# N98000005654

Entity Name: MISSION SANDBOX, INC.

Current Principal Place of Business:

319 CLEMATIS
STE 603
WEST PALM BEACH, FL 33401

New Principal Place of Business:

105 S. NARCISSUS AVE.
SUITE 512
WEST PALM BEACH, FL 33401

Current Mailing Address:

319 CLEMATIS
STE 603
WEST PALM BEACH, FL 33401

New Mailing Address:

105 S. NARCISSUS AVE.
SUITE 512
WEST PALM BEACH, FL 33401

FEI Number: 65-0866167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MITCHELL-BRIDGEMAN, ANITA
319 CLEMATIS
STE 603
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

MITCHELL-BRIDGEMAN, ANITA
105 S. NARCISSUS AVE.
SUITE 512
WEST PALM BEACH, FL 33401 US

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: ANITA MITCHELL-BRIDGEMAN 04/23/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: THOMAS, CAROLE
Address: 344 PINEWOOD ST
City-St-Zip: LANTANA, FL 33462

Title: D ( ) Delete
Name: SHALHOUB, ROBERT M.
Address: 1011 N. OLIVE AVE.
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SD ( ) Delete
Name: ROBERTS, CAROL
Address: 6708 PAMELA LANE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D ( ) Delete
Name: ZUCARRO, ALBERT
Address: 777 S. FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TD ( ) Delete
Name: PINSKY, KIMBERLY
Address: 701 KANUGA
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PD ( ) Delete
Name: MITCHELL-BRIDGEMAN, ANITA
Address: 1617 N. FLAGLER DR. #11-A
City-St-Zip: WEST PALM BEACH, FL 33407

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:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA MITCHELL-BRIDGEMAN PD 04/23/2006
Electronic Signature of Signing Officer or Director Date