


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 220019 1. Entity Name SANDRA HOMES INC	
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Principal Place of Business 34-09 QUEENS BOULEVARD C/O FIRST PIONEER PROPERTIES, INC. LONG ISLAND CITY, NY 11101	Mailing Address 34-09 QUEENS BOULEVARD C/O FIRST PIONEER PROPERTIES, INC. LONG ISLAND CITY, NY 11101
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0953949	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WADHWANI, KANAYO
C/O LAND HEADQUARTERS, INC.
50 WEST MASHTA DR., UNIT 1A
KAY BISCAYNE, FL 33149

**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 _____
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, 2006 Fee will be \$550.00**

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

UN00000388934
01/20/06-80024-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD SANI, DIPO 34-09 QUEENS BOULEVARD LONG ISLAND CITY, NY 11101
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD SANI, LAL 34-09 QUEENS BOULEVARD LONG ISLAND CITY, NY 11101
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	T BRAUN, LEONARD 34-09 QUEENS BOULEVARD LONG ISLAND CITY, NY 11101
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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**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, and I am either duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06

Date

Daytime Phone #