


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 400662 1. Entity Name SANDS OF MADEIRA REALTY, INC.	
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Principal Place of Business 4780 COVE CIRCLE N APT 311 MADEIRA BEACH, FL 33708 US	Mailing Address 4780 COVE CIRCLE N APT 311 MADEIRA BEACH, FL 33708 US
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02182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1399844	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 STARK, LILLIAN 4780 COVE CIRCLE N APT 311 MADEIRA BEACH, FL 33708	DO NOT WRITE IN THIS SPACE
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000277127 03/26/05-80017-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STARK, LILLIAN 4780 COVE CIRCLE N APT 311 MADEIRA BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STARK, ANGELA 4268 PRESERVE PLACE PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STARK, KEITH 4268 PRESERVE PLACE PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STARK, KEITH II 4268 PRESERVE PLACE PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STARK, JOHN II 4780 COVE CIRCLE N APT 311 MADEIRA BEACH, FL 33708
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 exemption stated in Section 119.07(3)(l), 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: Lillian Stark **LILLIAN STARK** 3805 7273235903

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