

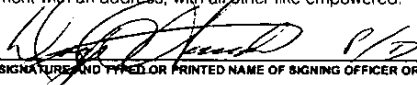


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90405 045 ***150.00

DOCUMENT # 693698 1. Entity Name DOUGLAS K. SANDS, P.A.					
Principal Place of Business % DOUGLAS K SANDS 300 COLORADO AVENUE STUART, FL 34994			Mailing Address % DOUGLAS K SANDS 300 COLORADO AVENUE STUART, FL 34994		
2. Principal Place of Business - No P.O. Box # 82 S. River Rd.		3. Mailing Address P.O. Box 287			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State STUART, FL		City & State STUART, FL		4. FEI Number 59-2101962	
Zip 34995		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDS, DOUGLAS K 300 COLORADO AVENUE STUART, FL 34994			7. Name and Address of New Registered Agent Name DOUGLAS K. SANDS Street Address (P.O. Box Number is Not Acceptable) 82 S. River Road City STUART FL Zip Code 34996		
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  DATE 4/25/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDS, DOUGLAS K 300 COLORADO AVENUE STUART, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDS, DOUGLAS K 82 S. River Road STUART, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date 4/25/08 Daytime Phone # 772/287-3930		