2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 26, 2005 8:00 am Secretary of State **DOCUMENT # 718885** 1. Entity Name 04-26-2005 90177 013 ****61.25 OCEAN SANDS, INC. Principal Place of Business Mailing Address 718 GOLDEN BEACH BLVD. **&UU47U88** 718 GOLDEN BEACH BLVD. VENICE FL 34285-0324 VENICE FL 34285-0324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-2406869 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **STEWARTS** Street Address (P.O. Box Number is Not Acceptable) ATTN: SANDRA R MACINTYRE 1224 RIDGEWOOD AVE VENICE FL 34292-1939 City Zip Code 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution, Due By May 1, 2005 Added to Fees Florida Department of State 10, OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change **Addition** CARLUCCI, MARY JARRET, MARTHA NAME NAME 718 GOLDEN BEACH BLVD SUITE 10 132 FARRINGTON RD STREET ADDRESS STREET ADDRESS VENICE FL 34285 CITY-ST-ZIP CITY-ST-ZIP MATAWAN NJ 07747 PD TITLE PTO Delete TITLE ☐ Change X Addition NORDSTRAND, BURT 118 GOLDEN BEACH BLVD #10 CIOFFI, JOHN NAME NAME 718 GOLDEN BEACH BLVD #8 STREET ADDRESS STREET ADDRESS VENICE FL 34285 CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34285 TITLE ΔT ☐ Delete TITLE Change Addition MACINTYRE, SANDRA R NAME 1224 RIDGEWOOD AVE STREET ADDRESS STREET ADDRESS VENICE FL 34292-1939 CITY-ST-ZIP CITY-ST-ZIP VD VPD TITLE Delete Change **X** Addition SAMMIS, ROBERT UFER KAREN 5861 SCIO CHURCH RD NAME 1623 COHASSETT DR STREET ADDRESS STREET ADDRESS CINCINNATI OH 45255 CITY-ST-ZIP CITY-ST-ZIP ANN ARBOR MI 48103 TITLE ☐ Delete TITEE □ Change Addition HAGEMAN, CALLEN 718 GOLDEN BEACH BLVD #9 DISALVO, NICOLE NAME NAME 718 GOLDEN BEACH BLVD. #1 STREET ADDRESS STRÉET ADDRESS VENICE FL 34285 CITY-ST-ZIP CHY-ST-ZIP S D TITLE TITLE Delete ☐ Change Addition BISCHOFF, CYNTHIA NAME BISCHOFF, STU NAME 718 GOLDEN BEACH BLVD. #9 718 GOLDÉN BEACHBLUD #7 STREET ADDRESS STREET ADDRESS VENICE FL 34285 VENICE CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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.

FILED

941 484-2408 mai SIGNATURE: G OFFICER OR DIRECTOR Daytime Phone #