


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90012 048 \*\*\*\*61.25

DOCUMENT # 743180					
1. Entity Name CEDARSAND, INC.					
Principal Place of Business 12274 1ST STR W TREASURE ISLD, FL 33706 US			Mailing Address 7601 9TH STR NO #B ST PETERSBURG, FL 33702-5200 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCLEAN, RICHARD 12274 WEST 1ST STREET TREASURE ISLAND, FL 33706				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOULD, BEVERLY		NAME	CINDY TOWNE	
STREET ADDRESS	12274 1ST ST W		STREET ADDRESS	12274 1ST ST W	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706		CITY-ST-ZIP	Treasure Island, FL 33706	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYLER, SHIRLEY		NAME		
STREET ADDRESS	7601 9TH STR NO, STE C		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33702		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEAN, R		NAME		
STREET ADDRESS	12274 1ST ST W		STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND, FL00000, 33706		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOULD, FRANK		NAME	NANCY VOLMAR	
STREET ADDRESS	12274 1ST ST W		STREET ADDRESS	12274 1ST ST W	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706		CITY-ST-ZIP	Treasure Island, FL 33706	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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.					
SIGNATURE: <i>Shirley A Tyler Trees</i>		Date: 1-16-06		Daytime Phone #: 727-528-8633	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	