2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 743180

1. Entity Name
CEDARSAND, INC.

Principal Place of Business	Mailing Address
12274 1ST STR W	7601 9TH STR NO
TREASURE ISLD, FL 33706 US	#B
	ST PETERSBURG, FL 33702-5200 US

40034527

02162007   Chg-NP   CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 59-2053001 — Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2007**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$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	VD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
NAME	~~TOWNE, CINDY~~ Michael Finn			
STREET ADDRESS	12274 1ST ST W			
CITY-ST-ZIP	TREASURE ISLAND, FL 33706			
TITLE	T	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME	TYLER, SHIRLEY			
STREET ADDRESS	7601 9TH STR NO, STE C			
CITY-ST-ZIP	ST PETERSBURG, FL 33702			
TITLE	PD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME	-MCLEAN, R			
STREET ADDRESS	12274 1ST ST W			
CITY-ST-ZIP	TREASURE ISLAND, FL00000, 33706			
TITLE	SD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
NAME	~~VOLMAR, NANCY~~ Mary Finn			
STREET ADDRESS	12274 1ST ST W			
CITY-ST-ZIP	TREASURE ISLAND, FL 33706			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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: _Richard M Mclean_   2/26/07   727/360-5916

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