01/05/2008 15:47 2519484888 LEZLIE PAF

FILED
Jan 18, 2008 8:00 am
Secretary of State
01-18-2008 90006 043 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000003327

1. Entity Name
WHITE SANDS INC OF ALABAMA

Principal Place of Business	Mailing Address
26021 PERDIDO BEACH BLVD ORANGE BEACH, AL 36561	PO BOX 619 ORANGE BEACH, AL 36561
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4000...

01052008 Chg-P CR2E034 (12/06)

4. FEI Number: 42-1630950 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HEADRICK, HUGH M
29235 PERDIDO BEACH BLVD #801
ORANGE BEACH, FL 36561

7. Name and Address of New Registered Agent
Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
City: Plantation FL Zip Code: 33324

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: Michael Seraphin MICHAEL SERAPHIN - Asst. Secretary, CT CORPORATION SYSTEM DATE: 1/7/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P DAILY, REGINA 814 W. CANAL DR. GULF SHORES, AL 36542	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCDANIEL, SANDY 26021 PERDIDO BEACH BLVD. ORANGE BEACH, AL 36561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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: Regina Daily — 1/1/08 — 251-968-2790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #