


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006 08:00 AM
Secretary of State

DOCUMENT # G53775
 1. Entity Name
 SANDKAT, INC.



Principal Place of Business Mailing Address
 % CHARLES D. WALTON, JR.
 6430 MORGAN LA FEE LN
 FT. MYERS, FL 33912 US % CHARLES D. WALTON, JR.
 6430 MORGAN LA FEE LN
 FT. MYERS, FL 33912 US



05232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0317879 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WALTON, CHARLES D., JR.
 6430 MORGAN LA FEE LANE
 FT. MYERS, FL 33912

DO NOT WRITE IN THIS SPACE

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 renouncing) DATE: _____

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALTON, CHARLES 6430 MORGAN LA FEE LANE FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALTON, SANDRA 6430 MORGAN LA FEE LANE FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDS, KATHY 6430 MORGAN LA FEE LN FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/25/06-80004-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: Charles D. Walton May 23, 2006 239-481-4273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR