2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H74829

FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90449 045 ***150.00

SANDY AND BROTHER, INC.				
Principal Place of Business 4442 N. SADDLE DRIVE BEVERLY HILLS, FL 34465 US Mailing Address 4442 N. SADDLE DRIVE BEVERLY HILLS, FL 3446				THE STATE OF THE S
Principal Place of Business - No P.O. Box # Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252007 Chg-P CR2E034 (12/06)
City & State		City & State		4. FEI Number Applied For 65-0146636 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
Nome				7. Name and Address of New Registered Agent HELMORCH, ELFRIEDE ddress (P.O. Box Number is Not Acceptable) 1772 N. SADDLE DRIVE
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. (NO16: Registered Agent signature required when remsiating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10.	OFFICERS ANI	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS JAENSCH, PETER J PA 2198 MAIN STREET SARASOTA, FL 34237	⊠ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HELMDACH, ELFRIEDE 4442 N. SADDLE DRIVE BEVERLY HILLS, FL 34465	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HELM DACH, CLFRIEDE 4443 N.SAODLE DRIVE BEVERLY H.ULS, FL 34465
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
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 filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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 trustell-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: (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #				