


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L84146</b> 1. Entity Name <b>SANDERS UNLIMITED, INC.</b>	
--	--

Principal Place of Business <b>2026 WILNA ST</b> <b>FT MYERS, FL 33901 US</b>	Mailing Address <b>2026 WILNA ST</b> <b>FT MYERS, FL 33901 US</b>
---	---

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0229973</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WALKER, MARY JO</b> <b>2026 WILNA ST</b> <b>FT MYERS, FL 33901</b>	<div style="border: 1px solid black; padding: 20px; font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>
--	---

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 _____ <small>Signature, typed or printed name of registered agent and (if applicable)</small>	<small>(NOTE: Registered Agent signature required when re-registering)</small>	DATE _____
--	--	------------

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE	PSD
NAME	WALKER, MARY JO
STREET ADDRESS	2026 WILNA ST
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

110000447033  
03/08/06-80036-015 150.00

DO NOT WRITE  
IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> <u>Mary Jo Walker</u> <b>Mary Jo Walker</b>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>2-8-06</u>	Cayman Phone # <u>339 3348852</u>
---	--	--------------------	-----------------------------------