2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010667

FILED Apr 28, 2008 Secretary of State

Entity Name: MARY SAND ADVISORY BOARD, INC. **Current Principal Place of Business: New Principal Place of Business:** 1805 HOBBS RD. AUBURNDALE, FL 33823 **Current Mailing Address: New Mailing Address:** 1805 HOBBS RD. P. O. BOX 36 EAGLE LAKE, FL 33839 AUBURNDALE, FL 33823 FEI Number: 20-0584782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAME, JOHN JOHN, DAME 1805 HOBBS RD. 1805 HOBBS ROAD AUBURNDALE, FL 33823 US US AUBURNDALE, FL 33823 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. SIGNATURE: JOHN DAME 04/28/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DAME, JOHN Name: Name: 1805 HOBBS RD. Address: Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: PABON, DONNA Name: Address: 1805 HOBBS RD. Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: () Delete Title: () Change () Addition SAWYER, MYRNA Name: Name: Address: 1805 HOBBS RD. Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition Name: DAVIS, MYRA C Name: DAVIS, MYRA C Address: 1805 HOBBS RD. Address: P. O. BOX 36 City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: EAGLE LAKE, FL 33839

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRA C. DAVIS TD 04/28/2008