


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N03260 1. Entity Name CAMP HAPPY SANDS, INC.	
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Principal Place of Business 4310 HICKORY SHORE BLVD. GULF BREEZE, FL 32563 US	Mailing Address 4310 HICKORY SHORE BLVD. GULF BREEZE, FL 32563 US
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2388390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROOSE, CHARLES E 4310 HICKORY SHORE BLVD. GULF BREEZE, FL 32563
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROOSE, CHARLES E 4310 HICKORY SHORE BLVD. GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILLARD, ALICE 4517 TRADEWINDS PLACE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROOSE, BRENDA 4310 HICKORY SHORE BLVD. GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RANKIN, MARY 1693 SAXON DR. PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC WILLIAMS, ANN 4835 ANDRADE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CC WU, JUDY 3960 POTOSI PENSACOLA, FL 32504

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01/18/06-80004-008 61.25

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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 617, 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 E. Roose Jr. **Charles E. Roose Jr. (Director)** 1/10/06 (850) 916-7251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #