

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90199 019 ****70.00

DOCUMENT # N98000005654 1. Entity Name MISSION SANDBOX, INC.					
Principal Place of Business 319 CLEMATIS STE 603 WEST PALM BEACH, FL 33401			Mailing Address 319 CLEMATIS STE 603 WEST PALM BEACH, FL 33401		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40070022 	
City & State Zip		City & State Zip		4. FEI Number 65-0866167	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MITCHELL-BRIDGEMAN, ANITA 319 CLEMATIS STE 603 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, CAROLE 344 PINWOOD ST LANTANA, FL 33462		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BENNETT, CLARK 14454 CALOSSA BLVD PALM BEACH GARDENS, FL 33418		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Robert M. Shalhoub 1011 N. Olive Ave West Palm Beach, FL 33401	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROBERTS, CAROL 6708 PAMELA LANE WEST PALM BEACH, FL 33405		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, DANIEL 1495 FOREST HILL BLVD. WEST PALM BEACH, FL 33406		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Albert Zucaro 777 S. Flagler DR West Palm Beach, FL 33401	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PINSKY, KIMBERLY 701 KANUGA WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MITCHELL-BRIDGEMAN, ANITA 1617 N. FLAGLER DR. #11-A WEST PALM BEACH, FL 33407		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Anita Mitchell Bridgeman</i> 4-26-05 561-833-0200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> ANITA MITCHELL BRIDGEMAN					