## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 31, 2008 08:00 AM Secretary of State **DOCUMENT # P00000016937** SAND DOLLAR EXPRESS, INC. Principal Place of Business Mailing Address 4914 COMMUNITY CIRCLE 4914 COMMUNITY CIRCLE MILTON, FL 32583 MILTON, FL 32583 01262008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3625684 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **ELLIS, BEVERLEY** DO NOT WRITE 4914 COMMUNITY CIRCLE MILTON, FL 32583 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE DAUGHTRY, RANDALL D NAME 4914 COMMUNITY CIRCLE STREET ADDRESS MILTON, FL 32583 CITY-ST-ZIP TITLE 000000808769 02/07/08~80062-009 150.00 ELLIS, BEVERLEY L NAME **4914 COMMUNITY CIR** STREET ADDRESS MILTON, FL 32583 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Dencily Lilia Dever E. El SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

January 2008 (850) 232-55

**FILED**