


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90115 007 \*\*\*150.00

<b>DOCUMENT # P01000032585</b>		
1. Entity Name <b>THE SANDERS GROUP, P.A.</b>		

Principal Place of Business <del>3355 BEARSS AVE.</del> <b>16528 N. Dale Mabry Hwy.</b> TAMPA, FL 33618	Mailing Address <del>3355 BEARSS AVE.</del> <b>16528 N. Dale Mabry Hwy.</b> TAMPA, FL 33618
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**50026294**



01292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business <b>16528 N. Dale Mabry Hwy</b>	3. Mailing Address <b>16528 N. Dale Mabry Hwy</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Tampa, FL</b>	City & State <b>Tampa, FL</b>	4. FEI Number <b>59-3706746</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33618</b>	Country <b>US</b>	Zip <b>33618</b>	Country <b>U.S.</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANDERS, WALTER <del>3355 BEARSS AVE.</del> <b>16528 N. Dale Mabry Hwy.</b> TAMPA, FL 33618		Name: <b>Walter Sanders</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>16528 N. Dale Mabry Hwy</b>	
		City: <b>Tampa</b>	FL Zip Code: <b>33618</b>

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: Walter Sanders Walter Sanders DATE: 2/20/05

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, WALTER <del>3355 BEARSS AVE.</del> <b>16528 N. Dale Mabry Hwy.</b> TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16528 N. Dale Mabry Hwy</b> <b>Tampa, FL 33618</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, LINDA <del>3355 BEARSS AVE.</del> <b>16528 N. Dale Mabry Hwy.</b> TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16528 N. Dale Mabry Hwy</b> <b>Tampa, FL 33618</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: Walter Sanders Walter Sanders DATE: 3/18/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR