

AMENDED
2007 FOR PROFIT CORPORATION
ANNUAL REPORT

09-04-2007 90042 037 ***150.00
 P01000043611

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



03232007 Chg-P CR2E034 (12/06)

DOCUMENT # P01000043611 1. Entity Name SANDMAD GROUP, INC.			
Principal Place of Business 21844 CYPRESS CIRCLE BOCA RATON, FL 33433		Mailing Address 21844 CYPRESS CIRCLE BOCA RATON, FL 33433	
2. Principal Place of Business - No P.O. Box # 2537 Bay Pointe Drive Suite, Apt. #, etc.		3. Mailing Address 2537 Bay Pointe Drive Suite, Apt. #, etc.	
City & State Weston, Florida		City & State Weston, Florida	
Zip 33327		Zip 33327	
Country USA		Country USA	
4. FEI Number 65-1108156		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTHMAN, SYLVIA 21844 CYPRESS CIRCLE 28A BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name Madeleine Rothman Street Address (P.O. Box Number is Not Acceptable) 2537 Bay Pointe Drive City Weston FL Zip Code 33327	
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 <u>Madeleine Rothman</u> [Madeleine Rothman] 8/15/2007 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROTHMAN, SYLVIA 21844 CYPRESS CIRCLE BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Madeleine Rothman 2537 Bay Pointe Drive Weston, FL 33327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Andrew Rothman 216 Fifth Street Anacortes, WA 98221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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 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: <u>Madeleine Rothman</u> [Madeleine Rothman] 954-385-1272 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		8/15/2007 <small>DATE</small>	