## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Apr 18, 2005 08:00 AM Secretary of State

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DOCU	MENT # P0200000037	4			.5 5 5 5 5 5 5 5	<i>J J J J J J J J J J</i>	-
1. Entity Nan	n <del>o</del>						
SANDLE	R SALES INSTITUTE INC.			,			
Principal Plac	e of Business M	ailing Address	···			•	
1000 W MC		000 W MCNAB ROAD					
	CH, FL 33069 P	POMPANO BCH, FL 33069		•			
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B- Y	6. Name and Address of Current Regis	tered Agent			The state of the s	res riodon	
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CRONIN, BERNARD M 1000 W MCNAB ROAD POMPANO BCH, FL 33069			The second secon	- DO	<b>NOT W</b>	RITE	
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8. The above	named entity submits this statement for the p	urgose of changing its registers	ad office or registers	ed agent, or bo	h. in the State of Flo	ida. I am familiar with	, and accept
	ions of registered agent.				,		
SIGNATURE.					المامي		
SIGNATORE	Signature, typed or printed name of registered agent and title :	(NOTE: Registered	d Agent signature required	when reinstating)		318859	<del></del>
	· · ·	9. Election Campaign Finan	ocino &E i	00	04/18/05-	31 <i>44</i> 759 80167-002 1:	50.00
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.		00 May Be ed to Fees			
10.	OFFICERS AND DIREC	TORS					
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12. I hereby c	ertify that the information supplied with this fill	ing does not qualify for the exer	nption stated in Sec	tion 119,07(3)(	), Florida Statutes. I I	urther certify that the	information
indicated	ertify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered	nd accurate and that my signate	ure shall have the st and by Chanter 607	ame legal effec Florida Statute	t as if made under or	ath; that I am an office appears in Block 10 o	r or director or Block 11 if
changed.	or on an attachment with an address, with all	other like empowered.	or of onaptor cor,	. Ionas ciaisio	,		