

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90108 038 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P02000002855</b> 1. Entity Name <b>SAND DOLLAR REALTY CENTER, INC.</b>					
Principal Place of Business <b>6313 ADAMS STREET</b> <b>NEW PORT RICHEY, FL 34652</b>			Mailing Address <b>5940 MAIN STREET</b> <b>NEW PORT RICHEY, FL 34652</b>		
2. Principal Place of Business <b>9436 Regency Pk. Blvd</b> Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>Port Richey</b>			City & State		
Zip <b>34668</b>			Country <b>U.S.A</b>		
4. FEI Number <b>90-0000946</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>AYERS, DANE</b> <b>5940 MAIN STREET</b> <b>NEW PORT RICHEY, FL 34652</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS AYERS, DANE 5940 MAIN STREET NEW PORT RICHEY, FL 34652		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT AYERS, KIM C 5940 MAIN STREET NEW PORT RICHEY, FL 34652		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	
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: <b>Dane Ayers</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2/24/06</b> <b>(727) 849-7885</b> <small>Date Daytime Phone #</small>		



ATTACHMENT

66003035

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2006

SAND DOLLAR REALTY CENTER, INC.  
5940 MAIN STREET  
NEW PORT RICHEY, FL 34652

Subject: SAND DOLLAR REALTY CENTER, INC.

Reference Number: P02000002855

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cc  
ANNUAL REPORTS SECTION

*Thank you for patience!  
Kim Hughes*