

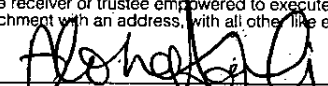


# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90117 041 \*\*\*150.00

<b>DOCUMENT # P02000013959</b> 1. Entity Name <b>GOLD SAND, INC.</b>			
Principal Place of Business <b>605 VALLANCE WAY NE ST PETERSBURG, FL 33716</b>		Mailing Address <b>605 VALLANCE WAY NE ST PETERSBURG, FL 33716</b>	
2. Principal Place of Business <b>8787 Southside Blvd.</b> Suite, Apt. #, etc. <b>#3707</b>		3. Mailing Address <b>8787 Southside Blvd.</b> Suite, Apt. #, etc. <b>#3707</b>	
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>	
Zip <b>32256</b>	Country	Zip <b>32256</b>	Country
4. FEI Number <b>01-0618710</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LYONS, GARY W 311 SOUTH MISSOURI AVENUE CLEARWATER, FL 33756</b>		7. Name and Address of New Registered Agent Name <b>BEIR &amp; Fischer Accounting, Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>10601-210 San Jose Blvd</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32257</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  DATE <b>4/1/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTP</b> <b>DANISHMENT, CEM J</b> <input checked="" type="checkbox"/> Delete <b>605 VALLANCE WAY NE</b> <b>ST PETERSBURG, FL 33716</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <input type="checkbox"/> Delete <b>KANFI, ALONA</b> <b>8787 SOUTHSIDE BLVD #3707</b> <b>JACKSONVILLE, FL 32256</b>	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
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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:  <b>Alona Kanfi, President</b>		Date <b>4/1/04</b> Daytime Phone # <b>904-626-0403</b>	