2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Apr 13, 2007 08:00 AM Secretary of State DOCUMENT # P02000014725 1. Entity Name SANDY BY THE SEA REALTY, INC. Principal Place of Business Mailing Address 263 E COMMERCIAL BLVD 4236 E TRADEWINDS AVE LAUDERDALE BY THE SEA FL 33308 LAUDERDALE BY THE SEA FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 02-0579684 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDREWS, JOHN S Street Address (P.O. Box Number is Not Acceptable) 1501 NE 4TH AVE. FT. LAUDERDALE FL 33304 City Zip Code 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, typed or printed name of registered agent and title r applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS THE ☐ Defete HHE Change STELLA, SANDRA A NAME <u>U</u>000000705271 4236 E TRADEWINDS AVE 04/23/07-80041-015 300.00 STREET ADDRESS STREET ADDRESS LAUDERDALE BY THE SEA FL 33308 CITY-ST-7IP CITY-ST-7IP Addition ☐ Defete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-S1-7IP Delete IIILE Change ☐ Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP HILE Delete UTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP MIL ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP TITLE Dolele DU. Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 direct like empowered.

SIGNATURE: