## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000026087

Entity Name: WINDSAND CORP.

City-St-Zip:

OCOEE, FL 34761

FILED Apr 06, 2005 Secretary of State

		NO COM .					
Current Principal Place of Business:				New Principal Place of Business:			
625 E COLONIAL DR 203				6239 EDGEWATER DR ORLANDO, FL 32810			
ORLANDO	, FL 32803						
Current Mailing Address:				New Mailing Address:			
625 E COLONIAL DR 203				6239 EDGEWATER DR ORLANDO, FL 32810			
ORLANDO, FL 32803							
FEI Number:	01-0618563	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired	1()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BAILEY, TREVOR 625 E COLONIAL DR 203				BAILEY, TREVOR 6239 EDGEWATER DR E10			
ORLANDO, FL 32803 US				ORLANDO, FL 32810 US			
The above in the State	named entity of Florida.	submits this statement for the	e purpose o	f changing i	ts registere	ed office or registered agent, o	or both,
SIGNATURE: TREVOR BAILEY				04/06/2005			
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	C ( BAILEY, SAMI' 4925 STEWAR ORLANDO, FL	T AVE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( BAILEY, TREV 5704 GRANDO ORLANDO, FL	ANYON DR		Title: Name: Address: City-St-Zip:	S MONELAL, 4925 STEW ORLANDO,	VART AVE	
Title: Name: Address:	GARVEY, ANN	) Delete MARIE IN SPIKE STREET		Title: Name: Address:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SAMIYAH BAILEY PRES 04/06/2005