


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90043 045 ***150.00

DOCUMENT # P02000027996	
1. Entity Name SANDY SHORES DEVELOPMENT CORP.	

Principal Place of Business 1558 SW UNDERWOOD AVE. PORT SAINT LUCIE, FL 34953	Mailing Address PO BOX 13179 FORT PIERCE, FL 34979-3179
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2. Principal Place of Business - No P.O. Box # 2332 SW ALMANSA AVE	3. Mailing Address Suite, Apt. #, etc.
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City & State PORT ST. LUCIE, FL	City & State
Zip 34953	Country

6. Name and Address of Current Registered Agent MARCH, ROBERT J 1558 SW UNDERWOOD AVE. PORT ST. LUCIE, FL 34953	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2332 SW ALMANSA AVE City PORT ST. LUCIE FL Zip Code 34953	
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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 use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MARCH, ROBERT J 1558 SW UNDERWOOD AVE. PORT SAINT LUCIE, FL 34953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARCH, BARBARA K 1558 SW UNDERWOOD AVE. PORT SAINT LUCIE, FL 34953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALLMAN, ALICIA M 2512 SW CALDER ST PORT SAINT LUCIE, FL 34953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARCH, DAVID A 2305 PARAGON CT VIRGINIA BEACH, VA 23455 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MARCH, ROBERT J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2332 SW ALMANSA AVE PORT ST LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARCH, BARBARA K. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2332 SW ALMANSA AVE PORT ST LUCIE, FL 34953
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"/> Change <input type="checkbox"/> Addition
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.	
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SIGNATURE: Robert J. March <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 2/7/07	Daytime Phone # 772-284-4031
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01052007 Chg-P CR2E034 (12/06)

4. FEI Number 04-3619249	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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