2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 16, 2006 08:00 AM **Secretary of State** DOCUMENT # P03000077068 ENVISIONS BY SANDRA, INC. Mailing Address Principal Place of Business 6059 NEWPORT VILLAGE WAY 6059 NEWPORT VILLAGE WAY. LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 No Chg-P CR2E034 (11/05) 03112008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 86-1072856 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE KIRSCHEN, SANDRA 4673 ISLAND REEF DR WELLINGTON, FL 33467 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable. (MOTE: Registered Agent signature required when reinstating) \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE KIRSCHEN, SANDRA NAME 6059 NEWPORT VILLAGE WAY STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33463 TITLE H000000470023 NAME 03/27/06-88827-881 1**58.88** STREET ADDRESS CITY-ST-ZIP TITLE NAME STITEET ADDRESS DO NOT WRITE CHY-ST-70 IN THIS SPACE TISE NAME STREET ACIDITIESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY -ST-ZIP TISLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Fforlda 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 pushes empowered to execute this report as required by Chapter 607, Fforlda 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:

NAME STREET ADDRESS CITY-ST-ZIP

SANDRA KIRSCHEN-PRE

3/15/06 (561)7020769

FILED