2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

Jul 20, 2005 8:00 am Secretary of State **DOCUMENT # P04000035946** 07-20-2005 90027 047 ***150.00 1. Entity Name SANDY'S DESIGN SOLUTIONS, INC. Principal Place of Business Mailing Address **JUUD6354** 9720 SW 90TH ST 9720 SW 90TH ST GAINESVILLE, FL 32608 GAINESVILLE, FL 32608 2. Principal Place of Business 3. Mailing Address PO 60x 142156 2101 SW 79TH DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 07182005 CR2E034 (10/03) 4. FEI Number Applied For City & State City & State NEXVILLE 20-0946210 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent NORA WYSE, SANDRA S 9720 SW 90TH ST Street Address (P.O. Box Number is No GAINESVILLE, FL 32608 eAINES VILLE 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. elre SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 *OFFICERS AND DIRECTORS 10. 11. Change TITLE ☐ Defete TITLE Addition WYSE, SANDRA S NAME NAME 21DI SW 79TH DRIVE STREET ADDRESS 9720 SW 90TH ST STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32608 CITY-ST-ZIP GAINESVILLE, FL 3266 TITLE ☐ Defete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete □ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED