

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09122005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000058928			
1. Entity Name SAND METALS, INC.			
Principal Place of Business 4500 OLEANDER STREET PAISLEY, FL 32767		Mailing Address 485 LANCASTER AVENUE ORANGE CITY, FL 32763	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2513 Newmark Drive Suite, Apt. #, etc.	
City & State		City & State Deltona FL 32738	
Zip	Country	Zip	Country
		32738	
4. FEI Number 01-0736529		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAFFONE, NICHOLAS III 45400 OLEANDER STREET PAISLEY, FL 32767		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAFFONE, NICHOLAS III 45400 OLEANDER STREET PAISLEY, FL 32767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500059794015 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/20/05--01058--020 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORNE, OTIS III 45400 OLEANDER STREET PAISLEY, FL 32767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAKRESKY, JOHN 45400 OLEANDER STREET PAISLEY, FL 32767 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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.			
SIGNATURE: <i>Nicholas Baffone</i>		Date: 9-7-05 Daytime Phone #: 352-609-4547	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			