2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006
Secretary of State

DOCUMENT# P04000066668

Entity Name: SILVER SANDS SERVICES, INC.

Current Principal Place of Business:

4849 SAXON DRIVE #C208
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

PO BOX 238359
PORT ORANGE, FL 32123

Current Mailing Address:

4849 SAXON DRIVE #C208
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

PO BOX 238359
PORT ORANGE, FL 32123

FEI Number: 20-1034083 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

L. MCRAY EVANS
4849 SAXON DRIVE #C208
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

L. MCRAY EVANS
4578 ALDER DRIVE
PORT ORANGE, FL 32127 US

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.

SIGNATURE: _____ 02/24/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: L. MCRAY EVANS,
Address: 4849 SAXON DRIVE #C208
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VD ( ) Delete
Name: EVANS, WENDY K
Address: 4849 SAXON DRIVE #C208
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: L. MCRAY EVANS,
Address: 4578 ALDER DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: VD (X) Change ( ) Addition
Name: EVANS, WENDY K
Address: 4578 ALDER DRIVE
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: L. MCRAY EVANS PD 02/24/2006
Electronic Signature of Signing Officer or Director — Date