2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90118045 ***150.00
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2005 Aug 5 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06292005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000079791

1. Entity Name
SANDPIPER SANDS, INC.

Principal Place of Business	Mailing Address
481 HARBOR DRIVE SOUTH INDIAN ROCKS BEACH, FL 33785	481 HARBOR DRIVE SOUTH INDIAN ROCKS BEACH, FL 33785

2. Principal Place of Business: 481 HARBOR DR. S	3. Mailing Address: SAME
Suite, Apt. #, etc.: SAME	Suite, Apt. #, etc.
City & State: SAME	City & State
Zip: SAME — Country: PINELLAS	Zip — Country

4. FEI Number — Applied For / ✓ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELOACH, DENNIS R JR.
8640 SEMINOLE BOULEVARD
SEMINOLE, FL 33772

7. Name and Address of New Registered Agent

Name: MARTIN JONES
Street Address (P.O. Box Number is Not Acceptable): 7746 66TH STREET N
City: PINELLAS PARK FL Zip Code 33781

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: MARTIN JONES
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ — $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	PSTD GARDELLA, DAVID 481 HARBOR DRIVE SOUTH INDIAN ROCKS BEACH, FL 33785 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] — 6/29/05 — (727) 595-1604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KDS 08/05