

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092103

FILED
Apr 08, 2008
Secretary of State

Entity Name: SANDERS & SANDERS ENTERPRISES, INC.

Current Principal Place of Business:

610 W. LAS OLAS BLVD.
APT 513
FT LAUDERDALE, FL 333127123

New Principal Place of Business:

1595 SNOWY OWL DR
BROOMFIELD, CO 80020

Current Mailing Address:

PO BOX 190179
MIAMI BEACH, FL 33119

New Mailing Address:

1595 SNOWY OWL DR
BROOMFIELD, CO 80020

FEI Number: 20-1239170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, JOEL
3200 COLLINS AVE
APT 125
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

SANDERS, JOEL
610 W. LAS OLAS BLVD
APT 513
FT. LAUDERDALE, FL 33312 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:

04/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: SANDERS, JOEL T
Address: 3200 COLLINS AVE APT 125
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD (X) Delete
Name: SANDERS, JOEL
Address: 3200 COLLINS AVE APT 125
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: SANDERS, JOEL T
Address: 1595 SNOWY OWL DR
City-St-Zip: BROOMFIELDE, CO 80020

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOEL SANDERS

PTSD

04/08/2008

Electronic Signature of Signing Officer or Director

Date