


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90368 029 ***158.75

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| DOCUMENT # P04000093840 |  |
| 1. Entity Name SANDCASTLE SPECIALTIES, INC. | |

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| Principal Place of Business % CHRISTINE M. STEELMAN 2228 GAUCHO AVE. SPRING HILL, FL 34608 | Mailing Address P.O. BOX 3671 SPRING HILL, FL 34611-3671 |
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| 2. Principal Place of Business 2532 SW 32nd St. Suite, Apt. #, etc. Cape Coral, FL. | 3. Mailing Address P.O. Box 151694 Suite, Apt. #, etc. Cape Coral, FL. |
| City & State | City & State |

| | | | |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip 33914 | Country USA | Zip 33915 | Country USA |
|---------------------|-----------------------|---------------------|-----------------------|

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|---|--|
| 6. Name and Address of Current Registered Agent STEELMAN, CHRISTINE M 9233 GENEVA ST SPRING HILL, FL 34608 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPVS STEELMAN, CHRISTINE M 9233 GENEVA ST SPRING HILL, FL 34608 <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 | T STEELMAN, CHRISTINE M 9233 GENEVA ST SPRING HILL, FL 34608 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 exemptions contained 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 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: Christine M. Steelman 4/17/06 (352) 963-8026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #