2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000124586

Entity Name: SANDRIFT DEVELOPMENTS, INC.

FILED Aug 10, 2006 Secretary of State

	rincipai Piac	e of Business:	New Principal Place	e of Business:
	DALE LANE AST, FL 3213	7		
Current Mailing Address:			New Mailing Address:	
P.O. BOX PALM CO	353229 AST, FL 3216	5		
FEI Number	: 20-1522279	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
1102 E. M BUNNELL The above	SIDNEY M ESOODY BLVD. ., FL 32110 e named entity e of Florida.	US	purpose of changing its registered	ed office or registered agent, or both,
SIGNATUI	RE:			
	Electro	nic Signature of Registered Ao	gent	Date
		93(2)(b), F.S., the corporation did r	not receive the prior notice.	
	mpaign Financir S AND DIREC	ng Trust Fund Contribution ().	ADDITIONS (OLIANG	
OOL.			ADDITIONS/CHARC	ES TO OFFICERS AND DIRECTORS
Name: Address:) Delete CHARD E LANE	Title: Name: Address: City-St-Zip:	SES TO OFFICERS AND DIRECTORS () Change () Addition
Name: Address: City-St-Zip: Title: Name: Address:	PCEO (LANTINEN, RI 14 FARMDALE PALM COAST) Delete CHARD E LANE FL 32137) Delete OSEPH E LANE	Title: Name: Address:	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	PCEO (LANTINEN, RI 14 FARMDALE PALM COAST; VCS (TAVOLACCI, J 14 FARMDALE PALM COAST;) Delete CHARD E LANE FL 32137) Delete OSEPH E LANE FL 32137) Delete FL 32137	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip: City-St-Zip: City-St-Zip:	PCEO (LANTINEN, RIO 14 FARMDALE PALM COAST, VCS (TAVOLACCI, J 14 FARMDALE PALM COAST, COOT (ELLIS, TERRY 14 FARMDALE PALM COAST,) Delete CHARD E LANE FL 32137) Delete OSEPH E LANE FL 32137) Delete E LANE FL 32137) Delete FL 32137	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition

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: KATHLEEN LANTINEN SEC 08/10/2006