2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165756

Entity Name: CLOSE TO THE SAND CORPORATION

FILED Mar 17, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

1810 NORTH INDIAN RIVER ROAD 384 FLAGLER AVE

NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL 32169

Current Mailing Address: New Mailing Address:

204 FLAGLER AVENUE 384 FLAGLER AVENUE

NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL 32169

FEI Number: 26-0113074 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARNETTE, LOIS P MCCLANE, DEBBIE M 1810 NORTH INDIAN RIVER ROAD 384 FLAGLER AVE

NEW SMYRNA BEACH, FL 32169 US NEW SMYRNA BEACH, FL 32169 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: DEBBIE M MCCLANE 03/17/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

Title: ARNETTE, LOIS P MCCLANE, DEBBIE M PT Name: Name: 1810 NORTH INDIAN RIVER ROAD 384 FLAGLER AVENUE Address: Address:

City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: NEW SMYRNA BEACH, FL 32169

() Delete Title: **VPS** Title: **VPS** (X) Change () Addition Name: MCCLANE, DEBBIE M Name: MCCLANE, J D VPS

301 S. INDIAN RIVER ROAD 384 FLAGLER AVENUE Address: Address:

NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL 32169 City-St-Zip: City-St-Zip:

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: DEBBIE M MCCLANE **PRES** 03/17/2007