2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172412

Entity Name: SAND BLAST ENTERTAINMENT INC

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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10303 MERCER LANE 1511 GOLDENROD

PENSACOLA, FL 32514 CANTONMENT, FL 35233

Current Mailing Address: New Mailing Address:

10303 MERCER LANE 1511 GOLDENROD

PENSACOLA, FL 32514 CANTONMENT, FL 32533

FEI Number: 13-4291708 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:

WINE, CINDY L
10303 MERCER LANE
WINE, CINDY L
1511 GOLDENROD

PENSACOLA, FL 32514 US CANTONMENT, FL 35233 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: CINDY L WINE 04/27/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: WINE, CINDY L Name: WINE, CINDY L

 Name:
 WINE, CINDY L
 Name:
 WINE, CINDY L

 Address:
 10303 MERCER LANE
 Address:
 1511 GOLDENROD

 City-St-Zip:
 PENSACOLA, FL 32514
 City-St-Zip:
 CANTONMENT, FL 32533

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 WINE, JASON A
 Name:
 WINE, JASON A

 Address:
 10303 MERCER LANE
 Address:
 1511 GOLDENROD

 City-St-Zip:
 PENSACOLA, FL 32514
 City-St-Zip:
 CANTONMENT, FL 32533

Name: JENKINS, HARLEY G Name: JENKINS, HARLEY G
Address: 10303 MERCER LANE Address: 772 TATE RD.

City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: CANTONMENT, FL 32533

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: CINDY L WINE P 04/27/2006