

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended


FILED

06 MAY 31 PM 2:47

STATE  
TALLAHASSEE, FLORIDA



05302006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000023647</b>					
1. Entity Name <b>SANDAL BEAT, INC.</b>					
Principal Place of Business <b>226 DAY STREET TALLAHASSEE, FL 32304</b>			Mailing Address <b>142 RUBBER TREE DR LAKE WORTH, FL 33467</b>		
2. Principal Place of Business <b>226 Day Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>226 Day Street</b> Suite, Apt. #, etc.			
City & State <b>Tallahassee, Florida</b> Zip <b>32304</b>		City & State <b>Tallahassee, Florida</b> Zip <b>32304</b>		4. FEI Number <b>20-2336835</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>Leon</b>		Country <b>Leon</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PENSON, ALBERT C 2810 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SULLIVAN, SALLY 142 RUBBER TREE DR LAKE WORTH, FL 33467</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D Shannon Sullivan 266 Day Street Tallahassee, Florida 32304</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D George West 1415 Jackson Street Tallahassee, Florida 32303</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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: <b>Shannon Sullivan, President</b>			Date <b>5/31/06</b> (850) 212-5129		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

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