## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000057567

City-St-Zip:

ST. PETERSBURG, FL 33710

FILED Apr 23, 2008 Secretary of State

Entity Name: SANDY'S COOKIELAND, INC.					
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
SUITE 704	NE SQUARE SBURG, FL 33710	US			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
SUITE 704	NE SQUARE SBURG, FL 33710	US			
FEI Number:	20-4759250 FEI N	umber Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
HAGEN, MICHAEL 6385 PRESIDENTIAL COURT #108 FORT MYERS, FL 33919 US			6249 PRESIDENTIA SUITE F	HAGEN, MICHAEL S 6249 PRESIDENTIAL COURT SUITE F FORT MYERS, FL 33919 US	
The above in the State		s this statement for the pu	urpose of changing its register	red office or registered agent, or both,	
SIGNATURE: MICHAEL S. HAGEN				04/23/2008	
Electronic Signature of Registered Agent			nt	Date	
Election Carr	paign Financing Trust I	Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P/VP ( ) Delete RICE, SANDRA L 6993 TYRONE SQUARE ST. PETERSBURG, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S/T ( ) Delete RICE, SANDRA L 6993 TYRONE SQUARE ST. PETERSBURG, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	D ( ) Delete RICE, SANDRA L 6993 TYRONE SQUARE	E SUITE 704	Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: SANDRA L. RICE Ρ 04/23/2008