2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000046633

SANDALS EXPLORATION AND DRILLING, INC.

FILED Feb 09, 2009 Secretary of State

Entity Nar	ne: Sandals e	EXPLORA	TION AND DRILLI	NG, INC.				
Current Principal Place of Business:				New Principal Place of Business:				
500 SOUT 6TH FLOO	H AUSTRALIAN R	AVENUE						
WEST PAL	LM BEACH, FL 3	33401 L	JS					
Current Mailing Address:				New Mailii	New Mailing Address:			
500 SOUT 6TH FLOC	H AUSTRALIAN	AVENUE						
	LM BEACH, FL 3	33401 L	IS					
FEI Number:	26-2577949	FEI Number	Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status Des	ired ()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
6TH FLOO	H AUSTRALIAN							
	named entity sub of Florida.	omits this s	statement for the p	urpose of changing it	ts registered	d office or registered ager	nt, or both,	
SIGNATUF	RE:							
	Electronic	Signature	of Registered Age	nt		Date		
Election Can	npaign Financing T	rust Fund C	ontribution ().					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () De GLASS, TIMOTHY 500 SOUTH AUST WEST PALM BEAG	G RALIAN AVE	*	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () De DOLAN, CHAD W 1425 RIDGE BOUI CONNELLSVILLE,	LEVARD	JS	Title: Name: Address: City-St-Zip:	DOLAN, CHA 1425 RIDGE	(X) Change () Addition AD W BOULEVARD /ILLE, PA 154252023 US		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: TIMOTHY G GLASS P 02/09/2009

() Delete

SOUTH CONNELLSVILLE, PA 15425 US

DOLAN, JOHN C JR.

204 PINE STREET

Title:

Name:

Address:

City-St-Zip:

(X) Change () Addition

CONNELLSVILLE, PA 154254832 US

DOLAN, JOHN C JR. 204 PINE STREET