

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000006347**

1. Entity Name  
**SANDCASTLES PROGRAM, INC.**



Principal Place of Business  
**333 ARHTUR GODFREY ROAD SUITE 802  
MIAMI BEACH, FL 33140**

Mailing Address  
**333 ARHTUR GODFREY ROAD SUITE 802  
MIAMI BEACH, FL 33140**



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0553061**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**RASCO, EDUARDO I  
2875 NE 191 STREET  
SUITE 500  
AVENTURA, FL 33180**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000942571  
05/29/08-80025-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	NEUMAN, M G
STREET ADDRESS	333 ARHTUR GODFREY ROAD
CITY- ST- ZIP	MIAMI BEACH, FL 33140
TITLE	T
NAME	NEUMAN, CRAIG
STREET ADDRESS	124 SLADE AVE., SUITE 110
CITY- ST- ZIP	BALTIMORE, MD 21208
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CRAIG NEUMAN**

**4/28/08**

Date

**410-602-0500**

Daytime Phone #