2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 13, 2006 08:00 AM **DOCUMENT # P97000009367 Secretary of State** 1. Entity Name CHA SANDPEBBLE, INC. Principal Place of Business Mailing Address 2675 50TH AVE NORTH 2675 50TH AVE NORTH 123B 123B SAINT PETERSBURG, FL 33714 SAINT PETERSBURG, FL 33714 CR2E034 (11/05) 03072005 No Chg-P DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 59-3487423 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARR, JOHN D DO NOT WRITE 2675 50TH AVE NORTH STE 123B SAINT PETERSBURG, FL 33714 IN THIS SPACE 3. 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 Signalure, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CARR, JOHN D 501 31ST AVE. N. STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33704 UN0000462752 03/**2**1/06-80047-024 150.00 TITLE NAME FELTNER, SANDRA L STREET ADDRESS 5508 RIVERSHORE DRIVE CITY-ST-ZIP **TAMPA, FL 33673** TITLE NAME STREET ADDRESS DO NOT WRITE City-St-ZiP TITLE IN THIS SPACE NAME STREET AUDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the Information supplied with this filling 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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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.

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JOHN D. CARR DRESIDENT

3/8/06

FILED