

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90299 026 ***150.00

DOCUMENT # P98000076089					
1. Entity Name SANDTON HOLDINGS, INC.					
Principal Place of Business 400 VIA LUGANO CIRCLE #202 BOYNTON BEACH, FL 33436			Mailing Address 400 VIA LUGANO CIRCLE #202 BOYNTON BEACH, FL 33436		
2. Principal Place of Business 3580 COCOPLUM CIRCLE		3. Mailing Address 3580 COCOPLUM CIRCLE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04132005 Chg-P CR2E034 (10/03)	
City & State COCONUT CREEK FL		City & State COCONUT CREEK FL		4. FEI Number 65-0871571	
Zip 33063		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARAIS, ANDRE 400 VIA LUGANO CIRCLE #202 BOYNTON BEACH, FL 33436			7. Name and Address of New Registered Agent Name: MARAIS, ANDRE Street Address (P.O. Box Number is Not Acceptable): 3580 COCOPLUM CIRCLE City: COCONUT CREEK FL Zip Code: 33063		
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: <u>Andre Marais</u> DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PD MARAIS, ANDRE 400 VIA LUGANO CIRCLE #202 BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARAIS, ANDRE 3580 COCOPLUM CIRCLE COCONUT CREEK FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARAIS, CHRISTIAAN H 400 VIA LUGANO CIRCLE #202 BOYNTON BEACH, FL 33436	<input checked="" 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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Andre Marais</u>		Date: <u>4/20/05</u> Daytime Phone #: _____			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					