2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000084539

1. Entity Name

SANDLAKE MANAGEMENT CORPORATION



Principal Place of Business

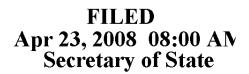
1001 E ATLANTIC AVE

STE 202 DELRAY BEACH, FL 33483 Mailing Address

1000 MARKET STREET

STE 300

PORTSMOUTH, NH 03801





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01212008 No Chq-P CR2E034 (11/05)

4. FEI Number 65-0913668

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324

SIGNATURE

DO NOT WRITE IN THIS SPACE

SIGNATURE								
	Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS		The state of the s				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, MARK 1001 E ATLANTIC AVE STE 202 DELRAY BEACH, FL 33483							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, MICHAEL 1001 E ATLANTIC AVE STE 202 DELRAY BEACH, FL 33483			000000914716 - 05/03/08-80066-018 150.00				
TITLE NAME STREET ADORESS CITY-ST-ZIP	D WALSH, WILLIAM 1000 MARKET ST PORBMOUTH, NH 03801		DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN .	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
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 peoples true and according of 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 of this see supplemental 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 attaching it with an address with all garey was ampowered.								

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