


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000074304	
1. Entity Name SANDS DESIGN, INC.	

Principal Place of Business P.O. BOX 3375 TALLAHASSEE, FL 32315-3375	Mailing Address P.O. BOX 3375 TALLAHASSEE, FL 32315-3375
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAND, AMY L P.O. BOX 3375 TALLAHASSEE, FL 32315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BALLARD, LESLEY L P.O. BOX 3375 TALLAHASSEE, FL 32315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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

300096383693
04/11/07--01005--012 **150.00

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: LESLEY L. BALLARD 4/5/07 850-339-7972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

07 APR -5 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3636982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	