

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074304

Entity Name: SANDS DESIGN, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

P.O. BOX 3375
TALLAHASSEE, FL 323153375

New Principal Place of Business:

7878 REYNOLDS CT
TALLAHASSEE, FL 32312

Current Mailing Address:

P.O. BOX 3375
TALLAHASSEE, FL 323153375

New Mailing Address:

FEI Number: 59-3636982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAND, AMY L
Address: P.O. BOX 3375
City-St-Zip: TALLAHASSEE, FL 32315

Title: VS () Delete
Name: BALLARD, LESLEY L
Address: P.O. BOX 3375
City-St-Zip: TALLAHASSEE, FL 32315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY L. HAND

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date