

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90167 026 \*\*\*158.75

<b>DOCUMENT # P99000101718</b>	
1. Entity Name <b>SAND DUNES SHORES REALTY, INC.</b>	

Principal Place of Business <b>165 OCEAN AVE. PALM BEACH SHORES FL 33404</b>	Mailing Address <b>165 OCEAN AVE. PALM BEACH SHORES FL 33404</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E034 (10/04)

4. FEI Number <b>65-0963503</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>MILLER, BARBARA F 12096 ALT A1A #F8 PALM BEACH GARDENS FL 33410</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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 *Barbara F. Miller* (NOTE: Registered Agent signature required when reinstating) DATE 3-2-05

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>WILSON, PAULA R 108 CLAREMONT LANE, APT #4 PALM BEACH SHORES FL 33404</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>WILSON, PAULA R 108 CLAREMONT LANE APT #4 PALM BEACH SHORES FL 33404</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>S</b>	<input type="checkbox"/> Delete <b>WILSON, PAULA R 108 CLAREMONT LANE APT-4 PALM BEACH SHORES FL 33404</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>T</b>	<input type="checkbox"/> Delete <b>WILSON, PAULA R 108 CLAREMONT LANE APT-4 PALM BEACH SHORES FL 33404</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>WILSON, PAULA R 108 CLAREMONT LANE APT4 PALM BEACH SHORES FL 33404</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>MURRAY, MIKI S 605 6TH LANE PALM BEACH GARDENS FL 33418</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D MURRAY, MIKI S 749 ROSE AVE SEBASTIAN, FL 32958</b>	

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: *Paula R. Wilson* Paula R. Wilson, President 3-2-05 (561) 848-2581

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