


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90020 007 \*\*\*150.00

<b>DOCUMENT # 331595</b> 1. Entity Name <b>SANDELET, INC.</b>			
Principal Place of Business <b>7027 W BROWARD BLVD BOX 233 PLANTATION, FL 33317</b>		Mailing Address <b>7027 W BROWARD BLVD BOX 233 PLANTATION, FL 33317</b>	
2. Principal Place of Business - No P O Box #		3. Mailing Address <b>14109 SW 79th St</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>ARCHER</b>	
Zip	Country	Zip <b>32618</b>	Country
6. Name and Address of Current Register Agent  <b>SMITH, WILLIAM M 7027 W BROWARD BLVD BOX 233 PLANTATION, FL 33317</b>		7. Name and Address of New Registered Agent Name <b>SANDRA MEDEIROS</b> Street Address (P O Box Number is Not Acceptable) <b>14109 SW 79th St</b> City <b>ARCHER</b> FL Zip Code <b>32618</b>	
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><i>William M Smith</i></u> DATE: <b>4/09/07</b> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SMITH, TERRANCE D 111 HANA HIGHWAY., #106 KAHULUI, HI	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, WILLIAM M 7027 W BROWARD BLVD., #233 PLANTATION, FL 33317	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MEDEIROS, SANDRA 14109 S.W. 79TH ST. ARCHER, FL 32618	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SMITH, EARL 1424 KENNEDY COURT BOULDER, CO 80303	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
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 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: <u><i>William M Smith</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <b>4/9/07</b>	

40056244



04092007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1279862 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Daytime Phone #