2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 435615

City-St-Zip:

Entity Name: ST. ANDREWS MANAGEMENT COMPANY, INC.

FILED Apr 23, 2007 Secretary of State

Current P	rincinal Place	of Business:	New Principal Place of Business:		
4475 N. O	- CEAN BOULE	VARD	New I III	ipai i iacc c	n Business.
DELRAY E	BEACH, FL 33	4837501			
Current Mailing Address:			New Mailing Address:		
	CEAN BOULE BEACH, FL 33				
FEI Number: 59-1482988 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
1450 CEN	NYSON, P.A. TREPARK BLY LM BEACH, FI				
	e named entity : e of Florida.	submits this statement for the p	urpose of changing i	ts registered	office or registered agent, or both
SIGNATUI	RE:				
	Electror	nic Signature of Registered Age	ent		Date
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	VD () BONE, BRUCE 4475 N. OCEAI DELRAY BEAC	N BLVD	Title: Name: Address: City-St-Zip:	BONE, BRUC 4475 N. OCE	
Title: Name: Address: City-St-Zip:	PD () CHANDLER, FF 4475 N. OCEAI DELRAY BEAC	N BLVD	Title: Name: Address: City-St-Zip:	BARLOW, W 4475 N. OCE	
Title: Name: Address: City-St-Zip:	SD () BONGARD, GO 4475 N OCEAN DELRAY BEAC	I BLVD	Title: Name: Address: City-St-Zip:	BURNS, MICH 4475 N OCE	
Title: Name: Address: City-St-Zip:	T () MARTIN, PETE 4475 N OCEAN DELRAY BEAC	I BLVD	Title: Name: Address: City-St-Zip:	MARTIN, PET 4475 N OCE	
Title: Name: Address:) Delete	Title: Name: Address:	AVP (HUME, GEOF	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip: DELRAY BEACH, FL 33483

SIGNATURE: GEOFFREY W. HUME AVP 04/23/2007