## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F39175

Entity Name: ANDYTOWN ENTERPRISES, INC.

FILED Jan 09, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 291620 1005 US HWY 27

DAVIE, FL 33329 FT. LAUDERDALE, FL 33329

Current Mailing Address: New Mailing Address:

P.O. BOX 291620 P.O. BOX 291620

DAVIE, FL 33329 FT. LAUDERDALE, FL 33329

FEI Number: 65-0201804 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:

BAKER SR, THOMAS W SOVERNS, RICKKI D 1005 US HIGHWAY 27 321 NW 201 AVE

FORT LAUDERDALE, FL 33329 US PEMBROKE PINES, FL 33029 US

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: RICKKI D SOVERNS 01/09/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 ( ) Delete
 Title:
 P
 (X) Change ( ) Addition

 Name:
 BAKER SR, THOMAS W,
 Name:
 SOVERNS, RICKKI D

 Address:
 11601 NW 4TH STREET
 Address:
 321 NW 201 AVENUE

 Address:
 11601 NW 4TH STREET
 Address:
 321 NW 201 AVENUE

 City-St-Zip:
 PLANTATION, FL
 City-St-Zip:
 PEMBROKE PINES, FL 33029

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 BAKER, VIRGINIA A,
 Name:
 SOVERNS, SUSAN J,

 Address:
 11601 NW 4TH STREET
 Address:
 321 NW 201 AVE

 City-St-Zip:
 PLANTATION, FL
 City-St-Zip:
 PEMBROKE PINES, FL 33029

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.

SIGNATURE: RICKKI D SOVERNS P 01/09/2006