

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000068631

FILED
Jan 13, 2008
Secretary of State

Entity Name: ANDERSON GROUP HOME, INC.

Current Principal Place of Business:

400 N.E. 155 TERRACE
MIAMI, FL 33162 US

New Principal Place of Business:

4451 WEST OAKLAND PARK BOULEVARD
LAUDERDALE LAKES, FL 33313 US

Current Mailing Address:

400 N.E. 155 TERRACE
MIAMI, FL 33162 US

New Mailing Address:

4451 WEST OAKLAND PARK BOULEVARD
LAUDERDALE LAKES, FL 33313 US

FEI Number: 20-4876551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, ORVILLE L
400 N.E. 155 TERRACE
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

ANDERSON, ORVILLE L
4451 WEST OAKLAND PARK BOULEVARD
LAUDERDALE LAKES, FL 33313 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: ORVILLE L. ANDERSON

01/13/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: ANDERSON, ORVILLE L
Address: 400 N.E. 155 TERRACE
City-St-Zip: MIAMI, FL 33162 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: ANDERSON, ORVILLE L
Address: 4451 WEST OAKLAND PARK BOULEVARD
City-St-Zip: LAUDERDALE LAKES, FL 33313 US

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: ORVILLE L. ANDERSON

PTSD

01/13/2008

Electronic Signature of Signing Officer or Director

Date