

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 JUN 28 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06242004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000080229 1. Entity Name ANDOVER REED CORPORATION					
Principal Place of Business 1560 72 SE 3RD COURT DEERFIELD BEACH, FL 33431			Mailing Address 1560 72 SE 3RD COURT DEERFIELD BEACH, FL 33431		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 81-0616997	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUDIKOFF, MICHAEL 2100 N FED HWY BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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>Michael K. Rudikoff</i></u> MICHAEL K. RUDIKOFF <u>6/24/04</u> <small>Signature, typed or printed name of registered agent and this is applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAFF, STANLEY R 859 JEFFREY ST BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RUDIKOFF, MICHAEL 4978 N CITATION DR #101 DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RUDIKOFF, MICHAEL 17331 VENTANA DR. BOCA RATON, FLORIDA 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800039084338 07/14/04--01007--003 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 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: <u><i>Michael K. Rudikoff</i></u> MICHAEL K. RUDIKOFF <u>6/24/04 (561) 392-0878</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					