2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 304068

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PALM BEACH, FL 33480

GERLACH, JOSEPH L

14851 BLACK BEAR ROAD

() Delete

PALM BEACH GARDENS, FL 33418

FILED Jan 19, 2005 Secretary of State

Entity Name: ANDE INC **Current Principal Place of Business: New Principal Place of Business:** 5409 AUSTRALIAN AVE WEST PALM BEACH, FL 33407 **Current Mailing Address: New Mailing Address:** 5409 AUSTRALIAN AVE WEST PALM BEACH, FL 33407 FEI Number: 60-2228658 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: GERLACH, CW 1340 NORTH OCEAN BOULEVARD PALM BEACH, FL 33480 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition GERLACH, CHAS W GERLACH, CHAS W Name: Name: 15170 78TH DR N 15170 78TH DR, NORTH Address: Address: City-St-Zip: LAKE PARK, FL 33418 City-St-Zip: LAKE PARK, FL 33418 Title: Title: () Delete (X) Change () Addition GERLACH, BETTY C, Name: Name: GERLACH, BETTY C. 146 SEMINOLE AVE 1340 NORTH OCEAN BOULEVARD Address: Address: PALM BEACH, FL 33480 PALM BEACH, FL 33480 City-St-Zip: City-St-Zip: Title: (X) Change () Addition PTD () Delete Title: PTD GERLACH, CW, GERLACH, CW, Name: Name: 146 SEMINOLE AVE 1340 NORTH OCEAN BOULEVARD Address: Address:

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

Title:

Name:

Address:

City-St-Zip:

PALM BEACH, FL 33480

() Change () Addition

SIGNATURE: CHAS W. GERLACH VD 01/19/2005