2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Sep 06, 2006 8:00 am Secretary of State **DOCUMENT # 625845** 1. Entity Name 09-06-2006 90034 041 ***550.00 ANDYTOWN, INC. Principal Place of Business Mailing Address 1155 HILLSBORO MILE #106 1155 HILLSBORO MILE #106 HILLSBORO BEACH FL 33062 HILLSBORO BEACH FL 33062 2. Principal Place of Business /2: 450 5 6 84 3. Mailing Address Suite, Apt. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) 4. FEI Number Applied For City & State City & State 59-1925893 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TSANOS, SOPHIA 1155 HILLSBORO MILE #106 Street Address (P.O. Box Number is Not Acceptable) HILLSBORO BEACH FL 33062 Zip Code FI B. The above named entity submits this statement is 🕻 the purpose of changing its registered office or registered agent, or both, in the State of Florida. am familiar with, and accept the obligations of regis SIGNATURE (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$550.00 \$.607,193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TTD F Change Addition TSANOS, SOPHIA NAME NAME 1155 HILLSBORO MILE #106 STREET ADDRESS STREET ADDRESS HILLSBORO BEACH FL 33062 CITY-ST-ZIP CITY-ST-ZIP THUE ☐ Delete TITLE Change ☐ Addition TSANOS, CONSTANTINE 1155 HILLSBORO MILE #106 STREET ADDRESS STREET ADDRESS HILLSBORO BEACH FL 33062 CITY - St - ZIP CITY-ST-ZIP TITLE ☐ Delete TOLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITEE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information thelegy deathy that the information supplied with this limit does not qually for the exemptions contained in Chapter 119, Hold Statutes, Torthel cetty that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am anofficer 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 attachm

ING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED