


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90113 006 ***150.00

DOCUMENT # 625845	
1. Entity Name ANDYTOWN, INC.	

Principal Place of Business 12450 SR 84 DAVIE FL 33325	Mailing Address 1155 HILLSBORO MILE #106 HILLSBORO BEACH FL 33062
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2. Principal Place of Business - No P.O. Box # LISTED ABOVE	3. Mailing Address LISTED ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-1925893	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent TSANOS, SOPHIA 1155 HILLSBORO MILE #106 HILLSBORO BEACH FL 33062	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 (CURRENT AGENT) SOPHIA TSANOS	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TSANOS, SOPHIA 1155 HILLSBORO MILE #106 HILLSBORO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TSANOS, CONSTANTINE 1155 HILLSBORO MILE #106 HILLSBORO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: [Signature]	Date: 4/24/7	Daytime Phone #: 954-4180408
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