FILED Apr 20, 2005 8:00 am Secretary of State 04-20-2005 90354 010 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Solid Agent	DOCUMENT # F01000002660 1. Entity Name THE ANDRAGATHIA, INC.													
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Security Signature Signature Security Signature Security Signature Signa	Suite, Apt. #, etc.			Su	ite, Apt. #, etc.		•	04182005	Chg-NP	CR2E0	37 (10/03)			
So. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 7. Name and Address of New Registered Agent Name 8. The above ramed only submits this statement for the purpose of changing its registered agent, or both, in the State of Rocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rocks. I am familiar with, and accept the obligations of Rocks. I am familiar with, and accept the obligations of Rocks. I am familiar with, and accept the obligations of Rocks. I am familiar with a state and accept the Rocks. I am familiar with a state and accept the Rocks. I am familiar with a state and accept the Rocks. I am familiar with a state and accept the Rocks. I am familiar with a state and accept the Rocks. I am familiar with a state and accept the Rocks. I am familiar with a state and accept and accept an	City & State			City & State										
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Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above normed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar obligations of Florida. I am familiar with, and accept th		6. Name and Ad	Idress of Current I	Registered Agent					7. Name and	Address of New I	Registered	Agent		
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