


FILED
Apr 06, 2006 08:00 AM
Secretary of State

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000002660
 1. Entity Name
THE ANDRAGATHIA, INC.



Principal Place of Business Mailing Address
 223 BLUE CREEK DRIVE PO BOX 621421
 WINTER SPRINGS, FL OVIEDO, FL 32762-1421



02092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
56-0308470 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 WILSON, CARL W
 223 BLUE CREEK DRIVE
 WINTER SPRINGS, FL 32708

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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: Carl W. Wilson DATE: 4/4/06
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC WILSON, CARL W 223 BLUE CREEK DRIVE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVC HANNERS, EARL 478 MASK ROAD BROOKS, GA 30205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, SARA J 223 BLUE CREEK DRIVE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELBRECHT, CLYDE 7067 COUNTY ROAD 8780 WEST PLAINS, MO 65775
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, JOE 5525 CLOVERCREST DR BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/22/06-80031-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, 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: Carl W. Wilson Carl W. Wilson 4/4/06 407-971-6831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #