

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003042

Entity Name: ANDIG CONSULTING, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

7644 DEER PATH LANE
LAND O' LAKES, FL 34637

New Principal Place of Business:

7644 DEER PATH LANE
LAND O' LAKES, FL 34637 US

Current Mailing Address:

P.O. BOX 273856
TAMPA, FL 336883856

New Mailing Address:

P.O. BOX 273856
TAMPA, FL 336883856 US

FEI Number: 13-4294727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIGENNARO, ANTHONY JR
7644 DEER PATH LANE
LAND O' LAKES, FL 34637 US

Name and Address of New Registered Agent:

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:

Title: CPST () Delete
Name: DIGENNARO, ANTHONY JR
Address: P.O. BOX 273856
City-St-Zip: TAMPA, FL 336883856

Title: D () Delete
Name: DIGENNARO, MARLENE L
Address: P.O. BOX 273856
City-St-Zip: TAMPA, FL 336883856

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: ANTHONY DIGENNARO, JR.

CPST

04/23/2009

Electronic Signature of Signing Officer or Director

Date