


2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 MAR -2 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

182

DOCUMENT # F06000001458	
1. Entity Name ANDREWS INTERNATIONAL OF DE, INC.	

Principal Place of Business 1860 E. TREMONT AVE. BRONX, NY 10460	Mailing Address 1860 E. TREMONT AVE. BRONX, NY 10460
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02262007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4310038	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301	
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	CVT PENNEL, KEITH ONE POWDER HILL SADDLE RIVER, NJ 07458 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Please see attached
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOD, JAMES 3020 FERNCREST DR. YORKTOWN HEIGHTS, NY 13598 <input checked="" 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	S CHINEA, JOSEPH 5900 ARLINGTON AVE., #8U BRONX, NY 07458 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000091532790 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/07/07--01004--004 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Michael Topf Michael Topf 2/27/07 718-518-8055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title Name Street Address City-St-Zip	Chairman/Vice-President/Assistant Secretary Keith Pennell One Powder Hill Saddle River, NJ 07458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-St-Zip	Director Brett Prager 1860 East Tremont Bronx, NY 10460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-Zip	Director Donald DeMuth 1860 East Tremont Bronx, NY 10460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-Zip	Director Thomas Penn 1860 East Tremont Bronx, NY 10460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-Zip	Director/Co-President/Co-Chief Operating Officer James Wood 3020 Ferncrest Dr. Yorktown Heights, NY 13598	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-St-Zip	Chairman of the Board of Directors/Chief Executive Officer Randy Andrews 1860 East Tremont Bronx, NY 10460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-Zip	Director/Co-President/Co-Chief Operating Officer Ty Richmond 1860 East Tremont Bronx, NY 10460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-Zip	Secretary/Treasurer Michael Topf 1860 East Tremont Bronx, NY 10460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-Zip	Vice-President/Assistant Secretary John C. Weber 1860 East Tremont Bronx, NY 10460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

298