2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001997

Entity Name: ANDREW W. BOOTH AND ASSOCIATES, INC.

FILED Apr 10, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	RTHWOOD DRIVE RY, MD 218017824			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
	RTHWOOD DRIVE RY, MD 218017824			
FEI Number:	: 52-1301174 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent	: Name and Address o	of New Registered Agent:	
	S, ROY K CHAK DR. LM BEACH, FL 33413 US			
	e named entity submits this statement for t e of Florida.	he purpose of changing its registere	d office or registered agent, or both,	
SIGNATU				
	Electronic Signature of Registered	Agent	Date	
Election Car	mpaign Financing Trust Fund Contribution ().			
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CD () Delete BOOTH, ANDREW W 8402 HILDA DRIVE SALISBURY, MD 21804	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete STUCHLIK IV, CHARLES F 22698 BRIARWOOD ROAD GEORGETOWN, DE 19947	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete SHAHAN, JOHN R 3424 RESIDENTIAL DRIVE ALLEN, MD 21810	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () Delete SMITH, MATTHEW R 32237 LONGRIDGE ROAD PARSONSBURG, MD 21849	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete DREW, G. MATTHEW 4912 NUTTERS CROSS ROAD SALISBURY, MD 21804	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete OLDLAND, KEVIN B 327 NORTH BEDFORD STREET GEORGETOWN, DE 19947	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES F. STUCHLIK VD 04/10/2007