

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90005 024 ***550.00

DOCUMENT # F97000005308

1. Entity Name

ANDEAN MANNA LTD., INC.



Principal Place of Business

335 KNAPP RD.
CLARKS SUMMIT PA 18411

Mailing Address

108 PENN WOOD DRIVE
SCRANTON PA 18505

2. Principal Place of Business

108 Penn Wood Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Scranton Pa

City & State

Zip Country

18505

USA

4. FEI Number

23-2902631

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

BEASLEY, CHRISTINE D
50989 HWY 27 # 240
DAVENPORT FL 33897

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

10416 Summit Lakes Ln.

City

Clermont

FL

Zip Code

34711

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

Christine D. Beasley

Christine D. Beasley

5-14-04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> Delete
NAME	DRAKE, CHESTER G	
STREET ADDRESS	50989 HWY 27 # 240	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	T	<input type="checkbox"/> Delete
NAME	BEASLEY, AARON	
STREET ADDRESS	50989 HWY 27 # 240	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	S	<input type="checkbox"/> Delete
NAME	BEASLEY, CHRISTINE D	
STREET ADDRESS	50989 HWY 27 # 240	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10416 Summit Lakes Ln	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10416 Summit Lakes Ln	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10416 Summit Lakes Ln	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Chester Drake* Chester Drake 5-14-04 347-5722 (570)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #