

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J02904

FILED
Jan 04, 2010
Secretary of State

Entity Name: ANDREWS LABORATORIES AND PHARMACEUTICALS, INC.

Current Principal Place of Business:

% W. DAVID ANDREWS
1637 N.E. 36TH ST.
POMPANO BEACH, FL 33064

New Principal Place of Business:

1637 N.E. 36TH STREET
POMPANO BEACH, FL 33064

Current Mailing Address:

% W. DAVID ANDREWS
1637 N.E. 36TH ST.
POMPANO BEACH, FL 33064

New Mailing Address:

1637 N.E. 36TH STREET
POMPANO BEACH, FL 33064

FEI Number: 59-2668142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDREWS, WILLIAM D OWNER
1637 N.E. 36TH ST.
POMPANO BEACH, FL 33064 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: PD
Name: ANDREWS, WILLIAM D OWNER
Address: 1637 N.E. 36TH ST.
City-St-Zip: POMPANO BEACH, FL 33064

Title: D
Name: ANDREWS, DONNA M.
Address: 1637 N.E. 36TH ST.
City-St-Zip: POMPANO BEACH, FL 33064

Title: D
Name: DAVID LEO ANDREWS
Address: 1637 NE 36 ST
City-St-Zip: POMPANO BEACH, FL 33064

I hereby 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 all other like empowered.

SIGNATURE: W. DAVID ANDREWS

PRES

01/04/2010

Electronic Signature of Signing Officer or Director

Date