


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90216 048 ***150.00

DOCUMENT # J70816 1. Entity Name E.J. ANDERSON, INC.					
Principal Place of Business % E.J. ANDERSON 1881 NE 26TH ST #201 WILTON MANORS, FL 33305			Mailing Address % E.J. ANDERSON 1881 NE 26TH ST #201 WILTON MANORS, FL 33305		
2. Principal Place of Business 4725 N.E. 11th Avenue Suite, Apt. #, etc.		3. Mailing Address 4725 N.E. 11th Avenue Suite, Apt. #, etc.			
City & State Oakland Park, FL		City & State Oakland Park, FL		4. FEI Number 59-2794538	
Zip 33334-3900		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, E.J. 1881 NE 26TH ST #201 WILTON MANORS, FL 33305			7. Name and Address of New Registered Agent Name E. J. Anderson Street Address (P.O. Box Number is Not Acceptable) 4725 N.E. 11th Avenue Oakland Park City Oakland Park FL Zip Code 33334		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, E.J. <input type="checkbox"/> Delete 1881 NE 26TH ST #201 WILTON MANORS, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4725 N.E. 11th Avenue Oakland Park, FL 33334-3900	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, BARBARA <input type="checkbox"/> Delete 1881 NE 26TH ST #201 WILTON MANORS, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4725 N.E. 11th Avenue Oakland Park, FL 33334-3900	
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	
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: <i>E.J. Anderson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			E. J. Anderson 5/1/06 954-938-1547 <small>Date Daytime Phone #</small>		