

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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TALLAHASSEE, FLORIDA

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05162005 Chg-P CR2E034 (10/03)

DOCUMENT # L57257 1. Entity Name ANDREI INTERNATIONAL, INC.					
Principal Place of Business 2 OFFICE PARK DRIVE STE A-3 PALM COAST, FL 32137			Mailing Address 2 OFFICE PARK DRIVE STE A-3 PALM COAST, FL 32137		
2. Principal Place of Business 5095 US HIGHWAY 1 South		3. Mailing Address P.O. BOX 354521			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State SE. AUGUSTINE, FL		City & State PALM COAST FL		4. FEI Number 59-3050116	
Zip 32086		Country ST. JAMES		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32135		Country FLA GOR		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FEDELE, MARTHA 2 OFFICE PARK DRIVE SUITE 2A2 PALM COAST, FL 32137			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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			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	DP QUELLO, RICHARD B 25 COCHISE COURT PALM COAST, FL <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	DVPT FEDELE, MARTHA 139 WESTGRILL DRIVE PALM COAST, FL 32164 <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	DVP FEDELE, SALVATORE P.O. BOX 354951 PALM COAST, FL 32135 <input checked="" type="checkbox"/> DELETED		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS JOSA, MONIQUE 26 PINE GROVE DRIVE PALM COAST, FL 32164 <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 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: <u>Monique Josa</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2/24/05</u> <small>Date</small>		

ANDREI INTERNATIONAL, INC.

P.O. BOX 354521
PALM COAST, FL 32135-4521
(386) 446-0396

September 22, 2005

Mr. Tyron Scott
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

REF: L57257

Dear Mr. Scott:

We are enclosing copies of letters we wrote regarding our 2005 Corporation Annual Report.

We downloaded through the Internet the form and on April 22, 2005 we mailed it with the check for \$150.00. You returned the check with a letter saying that some information was missing, but did not specify what was missing. We sent it out again, this time you kept the check but, again, returned the form this time charging a fee of \$400.00.

We request that the penalty be waived as we did file the form with the payment on time but never got any answer from your department as of what information was missing. We thank you for your time and help in this matter.

Sincerely:

A handwritten signature in black ink, appearing to read 'Martha J Fedele', with a stylized flourish at the end.

Martha J Fedele
Vice-President