## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L57257

Title:

Name:

Address:

City-St-Zip:

FILED Apr 28, 2009 Secretary of State

Entity Nar	ne: ANDREIII	NTERNATIONAL, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
	IIGHWAY 1 SO STINE, FL 3208						
Current Mailing Address:				New Mailing Address:			
P.O. BOX ( PALM COA	354521 AST, FL 32135						
FEI Number:	nber: 59-3050116 FEI Number Applied For ( ) FEI N		FEI Nun	umber Not Applicable ( )		Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
JOSA, MO 26 PINE GI PALM COA		US					
The above in the State		ubmits this statement for the p	purpose o	f changing it	ts registered	l office or regi	istered agent, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () QUELLO, RICHA 25 COCHISE CO PALM COAST, F	DURT		Title: Name: Address: City-St-Zip:	DP FEDELE, DA 139 WESTG PALM COAS	RILL DR.	Addition
Title: Name: Address: City-St-Zip:	DVPT () FEDELE, MARTI 139 WESTGRIL PALM COAST, F	L DRIVE		Title: Name: Address: City-St-Zip:		()Change ()。	Addition
Title: Name: Address: City-St-Zip:	VPS () JOSA, MONIQUI 26 PINE GROVE PALM COAST, F	DRIVE		Title: Name: Address: City-St-Zip:		()Change().	Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DANIEL FEDELE DP 04/28/2009

() Delete

PALM COAST, FL 321354951

BREY, CARLA

P.O. BOX 54951

() Change () Addition