

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90189 042 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |                                                                                                                                |                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>DOCUMENT # P00000015654</b><br>1. Entity Name<br><b>ANDGOR TOY INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    |                                               |                                                                                 |
| Principal Place of Business<br><b>254 RONALD REAGAN BLVD<br/>SUITE 223<br/>LONGWOOD, FL 32750</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    | Mailing Address<br><b>P.O. BOX 521328<br/>LONGWOOD, FL 32752</b>                                                               |                                                                                 |
| 2. Principal Place of Business - No P.O. Box #<br><del>3099 Top of the Hill Dr.</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                    | 3. Mailing Address<br>Suite, Apt. #, etc.<br><del>Mount Dora FL 32757</del>                                                    |                                                                                 |
| City & State<br><del>Mount Dora FL</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                    | City & State<br><del>Mount Dora FL</del>                                                                                       |                                                                                 |
| Country<br><del>USA</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    | Country<br><del>USA</del>                                                                                                      |                                                                                 |
| 4. FEI Number<br><b>59-3625406</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                    | Applied For<br><input type="checkbox"/> Not Applicable                                                                         |                                                                                 |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    | <b>\$8.75 Additional Fee Required</b>                                                                                          |                                                                                 |
| 6. Name and Address of Current Registered Agent<br><br><b>GORDICH, SAMUEL<br/>254 RONALD REAGAN BLVD<br/>STE 223<br/>LONGWOOD, FL 32750</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                    | 7. Name and Address of New Registered Agent<br><del>Gordich, Samuel<br/>3099 Top of the Hill Dr.<br/>Mount Dora FL 32757</del> |                                                                                 |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |                                                                                                                                |                                                                                 |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>         |                                                                                 |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                          |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PVTS<br>GORDICH, SAMUEL<br>254 RONALD REAGAN BLVD., STE. 223<br>LONGWOOD, FL 32750 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                 | <del>GORDICH, SAMUEL<br/>3099 Top of the Hill Dr.<br/>Mount Dora FL 32757</del> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                    |                                                                                                                                |                                                                                 |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    | Date <b>4/20/07</b> Daytime Phone # <b>407-33-5890</b>                                                                         |                                                                                 |