

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P0000086450</b> 1. Entity Name <b>ANDERSON ACCENTS, INC.</b>		
Principal Place of Business 489 N UNIVERSITY DR PLANTATION, FL 33324 US		Mailing Address 489 N UNIVERSITY DR PLANTATION, FL 33324 US
2. Principal Place of Business <b>1271 NW 110th AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1271 NW 110th AVE</b> Suite, Apt. #, etc.
City & State <b>PLANTATION FL</b>		4. FEI Number <b>62-1113705</b> <del>88-4899848</del>
Zip <b>33322</b>		Country <b>BROWARD</b>
5. Name and Address of Current Registered Agent <b>ANDERSON, MICHELLE</b> 1417 WILLSHIRE CT. CAPE CORAL, FL 33904		6. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. The above named entry 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: <u>Michelle Anderson</u> <u>Gregg Anderson</u> DATE: <u>4-28-03</u>		9. Name and Address of New Registered Agent (continued)
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP ANDERSON, MICHELLE 489 N UNIVERSITY DR PLANTATION, FL 33324	<input type="checkbox"/> Delete Address Change	TITLE NAME STREET ADDRESS CITY-ST-ZIP ANDERSON MICHELLE 1271 NW 110th AVE PLANTATION FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP ANDERSON, GREGG 7480 NW 4TH ST APT # 303 PLANTATION, FL 33317	<input type="checkbox"/> Delete None	TITLE NAME STREET ADDRESS CITY-ST-ZIP VP ANDERSON GREGG 1271 NW 110th AVE PLANTATION FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information reported with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 to this statement, with all other files empowered.		
SIGNATURE: <u>Michelle Anderson</u> <u>Gregg Anderson</u> DATE: <u>4-28-03</u>		