



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000090444 1. Entity Name ANDELL INVESTMENTS, INC.	
---	---

Principal Place of Business 799 E. PALMETTO PARK RD. BOCA RATON, FL 33432	Mailing Address 160 WEST CAMINO REAL #235 BOCA RATON, FL 33432
---	---

DO NOT WRITE IN THIS SPACE



07202006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1041685	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPATOLA, MICHELINE
 799 E. PALMETTO PARK RD.
 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

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 _____ U00000574164
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) 08/11/06-80006-021 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPATOLA, MICHELINE 799 E. PALMETTO PARK RD. BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Micheline Spatola 8/1/06 361-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #