


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90104 032 \*\*\*150.00

**DOCUMENT # P01000000146**

1. Entity Name  
**ANDRES SERVICES, INC.**



Principal Place of Business  
**725 LIGHTHOUSE DR.  
 N. PALM BEACH, FL 33408**

Mailing Address  
**725 LIGHTHOUSE DR.  
 N. PALM BEACH, FL 33408**

2. Principal Place of Business <b>10641 SW Hartwick Dr.</b>	3. Mailing Address <b>10641 SW Hartwick Dr</b>
Suite, Apt. #, etc. <b>Pt. St. Lucie, FL</b>	Suite, Apt. #, etc. <b>Pt. St. Lucie, FL</b>
City & State <b>34987 St. Lucie</b>	City & State <b>34987 St. Lucie</b>
Zip	Country



01122006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**ANDRES, JACQUELINE S  
 725 LIGHTHOUSE DR.  
 N. PALM BEACH, FL 33408**

7. Name and Address of New Registered Agent

Name  
**Andres, Jacqueline S.**

Street Address (P.O. Box Number is Not Acceptable)  
**10641 SW Hartwick Dr**

**Pt. St. Lucie, FL 34987**

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: *Jacqueline S. Andres* DATE: 4/10/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	PS ANDRES, JACQUELINE S 725 LIGHTHOUSE DR. N. PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S Andres, Jacqueline S. 10641 SW Hartwick Dr Pt. St. Lucie, FL 34987 <input checked="" 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
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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: *Jacqueline S. Andres* DATE: 4/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #