2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 26, 2006 08:00 AM DOCUMENT # P01000071545 **Secretary of State** 1. Entity Name ANDALA ENTERPRISES, INC. Principal Place of Business Mailing Address 641 BAYOU BLVD PENSACOLA FL 32503 PO BOX 9414 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 59-3744146 Not Applicable Country \$8.75 Additional Zιο Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RALLS, JOHN G JR Street Address (P.O. Box Number is Not Acceptable) 641 BÁYOU BLVD PENSACOLA FL 32503 Zip Code City 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. 1 am familiar with, and accept the obligations of registered agent. UDD00004023**4**0 SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typeri or printed name of registered agent and lifte if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Chance Addition Detete TITLE TITLE NAME NAME RALLS, JR., JOHN G DR. STREET ADDRESS STREET ADDRESS PO BOX 9414 CITY-ST-ZIP City-ST-7/P PENSACOLA FL 32503 Addition ☐ Chance Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deinte --TITLE . MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

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