

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000093337

1. Entity Name  
ANDRACA SERVICES INC.



Principal Place of Business  
2870 31ST AVE NE  
NAPLES, FL 34120

Mailing Address

2870 31ST AVE NE  
NAPLES, FL 34120

2. Principal Place of Business

4521 13TH AVE SW

3. Mailing Address

4521 13TH AVE SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
NAPLES FL

Zip 34116

Country US

City & State  
NAPLES FL

Zip 34116

Country US

02282006 Chg-P CR2E034 (11/05)

4. FEI Number  
59-3744822

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDRACA, WILLIAM /  
2780 31ST AVE NE  
NAPLES, FL 34120

Name DIGNAMARI ANDRACA

Street Address (P.O. Box Number is Not Acceptable)

4521 13TH AVE SW

City NAPLES FL Zip Code 34116

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

*Dignamari Andraca*

(NOTE: Registered Agent: signature required when reinstating)

DATE

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 D  Delete  
NAME ANDRACA, WILLIAM  
STREET ADDRESS 2870 31ST AVE NE  
CITY-ST-ZIP NAPLES, FL 34120

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME ANDRACA, DINAMARIS  
STREET ADDRESS 2870 31ST AVE NE  
CITY-ST-ZIP NAPLES, FL 34120

TITLE  Change  Addition  
NAME DIGNAMARI ANDRACA  
STREET ADDRESS 4521 13TH AVE SW  
CITY-ST-ZIP NAPLES FL 34116

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Dignamari Andraca*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-06

Date

Daytime Phone #