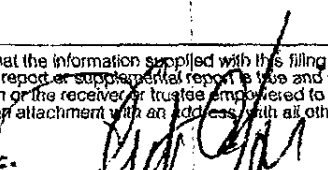


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000014691			
1. Entity Name THE ANDI CORPORATION			
Principal Place of Business 400 S.E. 3RD AVENUE SUITE 201 HALLANDALE, FL 33009	Mailing Address 400 S.E. 3RD AVENUE SUITE 201 HALLANDALE, FL 33009		
DO NOT WRITE IN THIS SPACE			
		01142006 No Chg-P CRZE034 (11/05)	
		4. FEI Number 01-0614174	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAMPAGNE, ANDRE 400 S.E. 3RD AVENUE SUITE 201 HALLANDALE, FL 33009		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000397757 01/30/06-80061-014 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMPAGNE, ANDRE 400 S.E. 3RD AVENUE, SUITE 201 HALLANDALE, FL 33009		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMPAGNE, DIANE 400 S.E. 3RD AVENUE, SUITE 201 HALLANDALE, FL 33009		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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: 		Date: 01/16/2006 Daytime Phone # _____	