2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000026872

Title:

Name:

Address:

City-St-Zip:

FILED Feb 16, 2005 Secretary of State

Entity Name: ANDREWS ENTITIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 1873 SERVICE ROAD NORTH PALM BEACH, FL 33408 **Current Mailing Address: New Mailing Address:** 1873 SERVICE ROAD NORTH PALM BEACH, FL 33408 FEI Number: 54-2064326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DANA ANDREWS 1873 SERVICE ROAD NORTH PALM BEACH, FL 33408 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: PRFS (X) Change () Addition ANDREWS, DANA ANDREWS, DANA PRES. Name: Name: 1873 SERVICE ROAD 1873 SERVICE ROAD Address: Address: City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: NORTH PALM BEACH, FL 33408 Title: () Delete Title: VΡ () Change (X) Addition Name: Name: GILBERT, DOUGLAS A VP. 708 PINEGROVE AVE Address: Address: JUPITER, FL 33458 City-St-Zip: City-St-Zip: Title: Title: () Delete SEC () Change (X) Addition MCQUILKIN, ROSS W SEC. Name: Name: 708 PINEGROVE AVE Address: Address: City-St-Zip: City-St-Zip: JUPITER, FL 33458 Title: () Delete Title: **TRSR** () Change (X) Addition ODONNELL, EDWARD K TREAS. Name: Name: Address: Address: 200 E 13TH STREET City-St-Zip: City-St-Zip: RIVIERA BEACH, FL 33404

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

	SIGNATURE:	DANA ANDREWS	PRES	02/16/2005
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() Change (X) Addition

GREENE, JAMES E OFF.

W TISBURY, MA 02575

PO BOX 1409