



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90123 009 ***150.00

DOCUMENT # P02000027620 1. Entity Name EE ANDERSON TECHNICAL SERVICES, INC.					
Principal Place of Business 4344 BURTONWOOD DR. PENSACOLA, FL 32514 US			Mailing Address 4344 BURTONWOOD DR. PENSACOLA, FL 32514 US		
2. Principal Place of Business 521 WEKIVA Bluff ST. Suite, Apt. #, etc.		3. Mailing Address 521 WEKIVA Bluff ST. Suite, Apt. #, etc.			
City & State Apopka Zip 32712		City & State Apopka Zip 32712		4. FEI Number 03-0417810	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, EDWARD E 4344 BURTONWOOD DR. PENSACOLA, FL 32514			7. Name and Address of New Registered Agent Name Edward E. Anderson Street Address (P.O. Box Number is Not Acceptable) 521 WEKIVA Bluff ST. City Apopka FL Zip Code 32712		
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 Edward E. Anderson <i>[Signature]</i> DATE 1/13/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME ANDERSON, EDWARD E		TITLE V/T/S	NAME [Blank]	
STREET ADDRESS 4344 BURTONWOOD DR.	CITY-ST-ZIP PENSACOLA, FL 32514		STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]	
TITLE V	NAME ANDERSON, GLENDA F		TITLE [Blank]	NAME [Blank]	
STREET ADDRESS 4344 BURTONWOOD DR.	CITY-ST-ZIP PENSACOLA, FL 32514		STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]	
TITLE [Blank]	NAME [Blank]		TITLE [Blank]	NAME [Blank]	
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]		STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]	
TITLE [Blank]	NAME [Blank]		TITLE [Blank]	NAME [Blank]	
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]		STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]	
TITLE [Blank]	NAME [Blank]		TITLE [Blank]	NAME [Blank]	
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]		STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]	
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 Glenda F. Anderson <i>[Signature]</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Glenda F. Anderson		
DATE 1/13/06			DAYTIME PHONE # 407-358-8190		