


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90049 047 ***150.00

DOCUMENT # P02000027620	
1. Entity Name EE ANDERSON TECHNICAL SERVICES, INC.	

Principal Place of Business 521 WEKIVA BLUFF ST APOPKA, FL 32712 US	Mailing Address 521 WEKIVA BLUFF ST APOPKA, FL 32712 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 521 WeKiva Bluff ST.	3. Mailing Address Suite, Apt. #, etc. 521 WeKiva Bluff ST
City & State	City & State
Zip	Country



01052007 Chg-P CR2E034 (12/06)

4. FEI Number 03-0417810	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANDERSON, EDWARD E 521 WEKIVA BLUFF ST APOPKA, FL 32742	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 521 WEKIVA Bluff ST. City FL Zip Code
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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* **EDWARD E. ANDERSON** 1/6/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, EDWARD E 4344 BURTONWOOD DR. PENSACOLA, FL 32514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 521 WeKiva Bluff ST APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS ANDERSON, GLENDA F 4344 BURTONWOOD DR. PENSACOLA, FL 32514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 521 WEKIVA Bluff ST APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **Glenda F. Anderson** 1/6/07 407-358-8190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #