2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005
Secretary of State

DOCUMENT# P02000048082

Entity Name: ANDECOR RENOVATORS, INC.

Current Principal Place of Business:

6200 SHIRLEY ST
#206
NAPLES, FL 34109

New Principal Place of Business:

11983 TAMIAMI TRAIL NORTH
#126
NAPLES, FL 34110 US

Current Mailing Address:

6200 SHIRLEY ST
#206
NAPLES, FL 34109

New Mailing Address:

P.O. BOX 111043
NAPLES, FL 34108 US

FEI Number: 04-3660076 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, HEATHER K
6200 SHIRLEY ST
#206
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

ANDERSON, HEATHER K
11983 TAMIAMI TRAIL NORTH
#126
NAPLES, FL 34110 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: _____ 06/29/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ANDERSON, HEATHER K
Address: 6200 SHIRLEY ST #206
City-St-Zip: NAPLES, FL 34109

Title: VD ( ) Delete
Name: ANDERSON, HEATHER
Address: 6200 SHIRLEY ST #206
City-St-Zip: NAPLES, FL 34109

Title: STD ( ) Delete
Name: ANDERSON, HEATHER
Address: 6200 SHIRLEY ST #206
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ANDERSON, HEATHER K
Address: 11983 TAMIAMI TRAIL NORTH #126
City-St-Zip: NAPLES, FL 34110 US

Title: VD (X) Change ( ) Addition
Name: ANDERSON, HEATHER
Address: 11983 TAMIAMI TRAIL NORTH #126
City-St-Zip: NAPLES, FL 34110 US

Title: STD (X) Change ( ) Addition
Name: ANDERSON, HEATHER
Address: 11983 TAMIAMI TRAIL NORTH #126
City-St-Zip: NAPLES, FL 34110

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.

SIGNATURE: HEATHER ANDERSON PD 06/29/2005
Electronic Signature of Signing Officer or Director — Date