


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90095 013 ***150.00

DOCUMENT # P02000048082	
1. Entity Name ANDECOR RENOVATORS, INC.	

Principal Place of Business 11983 TAMiami TRAIL NORTH #126 NAPLES, FL 34110 US	Mailing Address P.O. BOX 111043 NAPLES, FL 34108 US
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40000158



2. Principal Place of Business - No P.O. Box # 1330 RAILHEAD BLVD	3. Mailing Address PO BOX 111043
Suite, Apt. #, etc. 3	Suite, Apt. #, etc.

03142007 Chg-P CR2E034 (12/06)

City & State NAPLES, FL	City & State NAPLES, FL
Zip 34110	Zip 34108
Country USA	Country USA

4. FEI Number 04-3660076	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ANDERSON, HEATHER K 11983 TAMiami TRAIL NORTH #126 NAPLES, FL 34110	
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7. Name and Address of New Registered Agent Name ANDERSON, HEATHER K Street Address (P.O. Box Number is Not Acceptable) 1330 RAILHEAD BLVD #3 City NAPLES FL Zip Code 34110	
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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 _____
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, 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	PD ANDERSON, HEATHER K 11983 TAMiami TRAIL NORTH #126 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, HEATHER K 1330 RAILHEAD BLVD NAPLES, FL 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, HEATHER 11983 TAMiami TRAIL NORTH #126 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, HEATHER 1330 RAILHEAD BLVD NAPLES, FL 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDERSON, HEATHER 11983 TAMiami TRAIL NORTH #126 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDERSON, HEATHER 1330 RAILHEAD BLVD NAPLES, FL 34110 <input checked="" 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: Heather K Anderson 4/1/07 (239) 598-2426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #