2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063444

Entity Name: ANDERSON SCREENING AND REPAIR, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10119 NW 35 ST 965 E SHERIFFS DRAW LANE CORAL SPRINGS, FL 33065 US SAHUARITA, AZ 85629 US

Current Mailing Address: New Mailing Address:

10119 NW 35 ST 965 E SHERIFFS DRAW LANE CORAL SPRINGS, FL 33065 US SAHUARITA, AZ 85629 US

FEI Number: 57-1177032 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:

ANDERSON, MARK E

10119 NW 35 ST

10119 NW 35TH ST

CORAL SPRINGS FL 33065

CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 33065 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: 04/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDERSON, MARK E
Address: 10119 NW 35 ST

Address: 10119 NW 35 ST City-St-Zip: CORAL SPRING, FL 33065

Title: VP () Delete
Name: ANDERSON, CORINNE M

Address: 10119 NW 35 ST

City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition

Name: ANDERSON, MARK E
Address: 965 E SHERIFFS DRAW LANE
City-St-Zip: SAHUARITA, AZ 85629

Title: VP (X) Change () Addition

 Name:
 ANDERSON, CORINNE M

 Address:
 965 E SHERIFFS DRAW LANE

 City-St-Zip:
 SAHUARITA, AZ 85629

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CORINNE M ANDERSON VP 04/30/2007