## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 23, 2006 08:00 AN DOCÚMENT # P03000069677 Secretary of State ANDY'S ON THE BAY, INC. Mailing Address Principal Place of Business 472 DOUGLAS RD 472 DOUGLAS RD OLDSMAR, FL 34677 OLDSMAR, FL 34677 0110200B No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3529116 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DIAZ, MARIA M DO NOT WRITE 472 DOUGLAS RD OLDSMAR, FL 34677 IN THIS SPACE 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. DATE (NOTE: Registered Agent signalure required when reinstating) DERC 2.9-4 00: CF 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE **PSD** DIAZ, MARIA M NAME STREET ADDRESS 472 DOUGLAS RD CITY-ST-ZIP OLDSMAR, FL 34677 110000003953332 VPTO TITLE U1/26/06-80049-020 150.00 DIAZ, ANDRES STREET ADDRESS 472 DOUGLAS RD CITY-ST-2P OLDSMAR, FL 34677 WILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE JUTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

18/06 (813) 855 8766

Daytime Phone #

**FILED**