

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90183 011 \*\*\*150.00

**60037140**



04202006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P03000133087</b> 1. Entity Name <b>ANDY'S FLOUR POWER BAKERY, INC.</b>			
Principal Place of Business <b>3123 THOMAS DR PANAMA CITY BCH, FL 32408</b>		Mailing Address <b>3123 THOMAS DR PANAMA CITY BCH, FL 32408</b>	
2. Principal Place of Business <b>6007 Hilltop Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>6007 Hilltop Ave</b> Suite, Apt. #, etc.	
City & State <b>PANAMA City Beach, FL</b> Zip Country <b>32408 USA</b>		City & State <b>PANAMA City Beach, FL</b> Zip Country <b>32408 USA</b>	
4. FEI Number <b>20-0663496</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FAOUTAS, ANDREW 3123 THOMAS DR PANAMA CITY BCH, FL 32408</b>		7. Name and Address of New Registered Agent Name <b>Andrew FAOUTAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>6007 Hilltop Ave</b> City <b>PANAMA City Beach</b> <b>FL</b> Zip Code <b>32408</b>	
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 <b>Andrew Faoutas</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT FAOUTAS, ANDREW 6007 HILLTOP AVE PANAMA CITY BCH, FL 32408</b> <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	<b>S HOWELL, ANN P.O. BOX 8003 SOUTHPORT, FL 32409</b> <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 any address, with all other like empowered.			
SIGNATURE: <b>Ann Howell</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/29/06 850 2340202</b> <small>Date Daytime Phone #</small>	