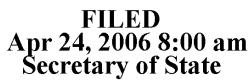
2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P03000133005



 Secretary of Stat
04-24-2006 90453 032 ***158.75

1. Entity Name	ANDYMAN CORPORATION						04-24-2006 9	00453 032	! ***158.´	75
Principal Place	e of Business	Mailing Address								
116 SAN JOS WINTER PARK		116 SAN JOSE CIRCLE WINTER PARK, FL 32792 U			:			500	15343	}
Principal Place of Business 3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			04072006	Chg-P	CR2E0	34 (11/05)	
City & State	•	City & State				4. FEI Numbe 04-378			— , —	plied For t Applicable
Zip	Country	Zip	Country	у		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current R	Registered Agent		\$1a		7. Name and	Address of New R	legistered A	gent	
SANTIAGO), MANUEL		_	Name	-					-
116 SAN J	OSE CIRCLE ARK, FL 32792			Street Add	dress (f	P.O. Box Numb	er is Not Acceptable	e)		
				City				FL	Zip Code	-
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered	d office or r	egister	ed agent, or bo	th, in the State of Fk	orida. I am f	arniliar with,	and accept
SIGNATURE_	Na 1 Soutingo	,					•	04-11-2	2006	
SIGNATORIES		nd title if applicable. (NOTE	: Registered	Agent signature	e required	when reinstating)		ĐẠTE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contr		ing 🗆		00 May Be ed to Fees				•
10.	OFFICERS AND D		11.			ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE NAME (P SANTIAGO, MANUEL	☐ Delete	TITLE NAME						☐ Change	☐ Addition
STREET ADDRESS	116 SAN JOSE CIRCLE			ADDRESS						
CITY-ST-ZIP	WINTER PARK, FL 32792		ÇITY-S	ST-ZIP				****		
TITLE NAME	VP VILLAQUIRAN, JORGE H	☐ Delete	TITLE						☐ Change	☐ Addition
STREET ADDRESS	I		name Street	ADDRESS						
CITY-ST-ZIP	ORLANDO, FL 32817		CITY-S	ST-ZIP						
TITLE	SEC	☐ Delete	TITLE		SEC	. 10.5	26 ×		Change	Addition
NAME STREET AUDRESS	SALINAS, JOSE A 2260 FAN CT		NAME	ADDRESS	SALI	NAS, JO 9 BARRO	ow st			
CITY-ST-ZIP	DELTONA, FL 32738		CITY-S	ST-ZIP	DEL	TONA, F	L 32725	5		
TITLE	The second secon	☐ Delete	TITLE			<u></u>			☐ Change	Addition
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			CITY-S	T ADDRESS ST-ZIP						
TITLE		☐ Delete	TITLE		•				Change	Addition
NAME			NAME	ŀ					_ ,	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	T ADDRESS						
TITLE		☐ Delete	TITLE	,,-21					☐ Change	Addition
NAME			NAME						onunge	
STREET ADDRESS				T ADDRESS						
CITY+ST-ZIP	portify that the information available with	this filing doest	CITY-S	<u>i</u>		Lin Ohn -t tar	n Madda Deep 1	1.1	of the second	
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	wered to execute this report with all other like empowered.	as require	npuons co ure shall ha ed by Chap	intained ive the s oter 607	i in Unapter 119 same legal effe , Florida Statute	e, Fiorida Statutes. I ct as if made under es; and that my nam	i juriner cert oath; that I a ne appears in	iry that the ir im an officer n Block 10 or	or director Block 11 if
SIGNAT	TIPE. March So	milion				ـــ	4-11-200	6		

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J	•		~		,,,	┺.

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #