

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000149715

Entity Name: ANDROMEDA, INC.

FILED
Apr 18, 2005
Secretary of State

Current Principal Place of Business:

4240 GALT OCEAN DRIVE, #1205
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

4240 GALT OCEAN DRIVE, #1205
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 20-1841934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAIR, LAURENCE I
C/O ABRAMS ANTON P.A.
2021 TYLER STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

BLAIR, LAURENCE I
2255 GLADES ROAD
ONE BOCA PLACE - SUITE 411E
BOCA RATON, FL 33431 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: LAURENCE BLAIR

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHISHOLM, DAVID ALAN
Address: 4240 GALT OCEAN DRIVE, #1205
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: CHISHOLM, DAVID A
Address: 4240 GALT OCEAN DRIVE, #1205
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID ALAN CHISHOLM

D

04/18/2005

Electronic Signature of Signing Officer or Director

Date