
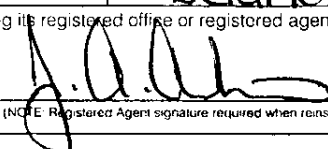
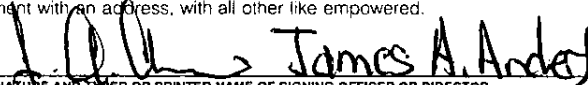


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90185 014 ***150.00

DOCUMENT # P05000055635 1. Entity Name ANDERS CONSULTING OF FLORIDA, INC.																											
Principal Place of Business 40213 ROYAL TRAILS RD EUSTIS FL 32736 US		Mailing Address P.O. BOX 2236 INTERLACHEN FL 32148 US																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1600 W. Plymouth Ave. Suite, Apt. #, etc.																									
City & State Deland, Florida		City & State Deland, Florida																									
Zip 32720	Country USA	4. FEI Number 42-1665301																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable																									
6. Name and Address of Current Registered Agent ANDERS, JAMES A 1601 HIGH ST PALATKA FL 32177		7. Name and Address of New Registered Agent Name ANDERS, James A. Street Address (P.O. Box Number is Not Acceptable) 1600 W. Plymouth Ave. City Deland FL Zip Code 32720																									
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 James A. Anders  DATE 4-16-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ANDERS, JAMES A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1601 HIGH ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PALATKA FL 32177</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	ANDERS, JAMES A		STREET ADDRESS	1601 HIGH ST		CITY - ST - ZIP	PALATKA FL 32177		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.																											
SIGNATURE:  James A. Anders <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-16-06 Daytime Phone # 352-636-9054																									