

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000141384

Entity Name: ANDERSON AUCTIONS, INC.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

12273 EMERALD COAST PARKWAY
SUITE 117
DESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 488
DESTIN, FL 32540

New Mailing Address:

12273 EMERALD COAST PARKWAY
SUITE 117
DESTIN, FL 32550

FEI Number: 20-3783525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, BENJAMIN F
569 L'OMBRE CIRCLE
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDERSON, BENJAMIN F
Address: 569 L'OMBRE CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: SEC () Delete
Name: ANDERSON, KAREN G
Address: 569 L'OMBRE CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BENJAMIN F ANDERSON

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04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date