2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 23, 2007 08:00 AM Secretary of State **DOCUMENT # P05000141384** 1. Entity Name ANDÉRSON AUCTIONS, INC. Principal-Place of Business Mailing Address 12273 EMERALD COAST PARKWAY P.O. BOX 488 DESTIN, FL 32540 SUITE 117 DESTIN, FL 32550 04172007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3783525 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANDERSON, BENJAMIN F DO NOT WRITE 569 L'OMBRE CIRCLE FORT WALTON BEACH, FL 32547 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ANDERSON, BENJAMIN F STREET ADDRESS 569 L'OMBRE CIRCLE FORT WALTON BEACH, FL 32547 CITY-ST-ZIP SEC TITLE <u> U</u>QQQQQ0723153 ANDERSON, KAREN G NAME ·`05/02/07-80061-003 150.**0**0 STREET ADDRESS 569 L'OMBRE CIRCLE CITY-ST-ZIP FORT WALTON BEACH, FL 32547 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

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

NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IN THIS SPACE

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