2007 FOR PROFIT CORPORATION

· FILED **ANNUAL REPORT** Mar 30, 2007 08:00 A Secretary of State **DOCUMENT # P05000157231** RICHARD ANDERSON REPAIRS INC. Mailing Address Principal Place of Business 1815 BAINBRIDGE AVE **1815 BAINBRIDGE AVE** PENSACOLA, FL 32507 PENSACOLA, FL 32507 CR2E034 (11/05) 03142007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0564146 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANDERSON, RICHARD DO NOT WRITE 1815 BAINBRIDGE AVE PENSACOLA, FL 32507 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE ANDERSON, RICHARD OWNER NAME 1815 BAINBRIDGE AVE STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32507 TILLE U00000683418 NAME 04/05/07-80044-001 150.00 STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP NAME STREET ADDRESS

12. I nereby certify that the information supplied with this filling 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 changed, or on an attachment with

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #