2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# P06000086623

Entity Name: ANDERTON NEW KINGS, INC.

Current Principal Place of Business:

3491 PALL MALL DRIVE
SUITE 201
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

3491 PALL MALL DRIVE
SUITE 201
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 20-5131231 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEPRELL, SAMUEL L
1930 SAN MARCO BOULEVARD
SUITE 201
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

ESDALE, PETER A
3491 PALL MALL DR
SUITE 201
JACKSONVILLE, FL 32257 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: PETER A ESDALE 01/16/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ESDALE, PETER A
Address: 3491 PALL MALL DRIVE, SUITE 201
City-St-Zip: JACKSONVILLE, FL 32257

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: ESDALE, PETER A
Address: 3491 PALL MALL DRIVE, SUITE 201
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VD ( ) Change (X) Addition
Name: ESDALE, CHERYL A
Address: 3491 PALL MALL DR, SUITE 201
City-St-Zip: JACKSONVILLE, FL 32257 US

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: PETER A ESDALE PTSD 01/16/2007
Electronic Signature of Signing Officer or Director Date