2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# P07000082505

Entity Name: ANDREWS BOWEN, INC.

Current Principal Place of Business:

1701 SW 60 AVENUE
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 770417
OCALA, FL 34477 OC

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAINES, TIM D
125 NE 1ST AVENUE, SUITE 1
OCALA, FL 34470 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: D ( ) Delete
Name: ANDREWS, DAVID
Address: THE PADDOCK, BACK LANE, GREENHALGH,
City-St-Zip: ENGLAND PR4 3HP, OC

Title: D ( ) Delete
Name: BOWEN, SIMON G
Address: 16 CONISTON AVE, HAMBLETON, POULTON
City-St-Zip: BLACKPOOL,LANCASHIRE ENGLAND,

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 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: DAVID ANDREWS PRES 02/18/2009

Electronic Signature of Signing Officer or Director Date