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

2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 18, 2006 08:00 AM Secretary of State DOCUMENT # P93000025049 ANDÉRSON JEWELERS INC. Principal Place of Business Mailing Address 1036-46 DUNN AVENUE 1036-46 DUNN AVENUE JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218 No Chg-P CR2E034 (11/05) 01112006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3036370 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANDERSON, FRANK DO NOT WRITE 1036-46 DUNN AVENUE JACKSONVILLE, FL 32218 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 agen 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 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE ANDERSON, FRANK 1358 NORTH DUVAL LAKE ROAD STREET ADDRESS HURBERY ST CITY-ST-ZIP JACKSONVILLE, FL 99724706-80003-015 1S0.00 TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY -ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-Z)P

FILED

12. I hereby 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 ceth, 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 an address, with all other like empowered.

SIGNATURE: Frank Chare	1-11-06	6-257.4832
signature and typed of printed name of signing officer or director	Date	Daylime Phone #