



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000012333 1. Entity Name ANDREASEN ASSOCIATES, INC.			
Principal Place of Business 836 BELVEDERE ROAD STE 3 WEST PALM BEACH, FL 33405		Mailing Address 836 BELVEDERE ROAD STE 3 WEST PALM BEACH, FL 33405	
<h2>DO NOT WRITE IN THIS SPACE</h2>			
			
		03082006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0560656	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	
6. Name and Address of Current Registered Agent ANDREASEN, SUSAN M 836 BELVEDERE RD #3 WEST PALM BEACH, FL 33405		<h2>DO NOT WRITE IN THIS SPACE</h2>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 - After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		000000164335 03/22/06 80016 006 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	PTS		
NAME	ANDREASEN, SUSAN M		
STREET ADDRESS	836 BELVEDERE RD STE 3		
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<h2>DO NOT WRITE IN THIS SPACE</h2>			
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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Susan M Andreason</i> Susan M Andreason 3/10/06 561-366-9996 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> <small>Daytime Phone #</small>	