2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: 4

FILED Apr 03, 2006 08:00 AM Secretary of State **DOCUMENT # P95000080948** 1. Entity Name ANDREWS OF PENSACOLA, INC. Principal Place of Business Mailing Address **6027 N 9TH AVE 6027 N 9TH AVE** PENSACOLA, FL 32504 PENSACOLA, FL 32504 03202006 CR2E034 (11/05) No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3353886 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent LUCAS, ARCHIE A DO NOT WRITE 13 SRANT DR PENSACOLA, FL 32505 IN THIS SPACE 5. 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. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TIFLE NAME LUCAS, ARCHIE A STREET ADDRESS 13 SRANT DR CITY-ST-ZIP PENSACOLA, FL 32504 LITTE NUME U00000489192 04/18/06-80006-001 150.00 STREET ADDRESS CITY-ST- AP 7171.5 NAME STREET ADDRESS DO NOT WRITE CITY-ST-27 IN THIS SPACE NAME STREET ADDRESS CCTY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS 12. Thereby certify that the information supplied with this tiling 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 11 if changed, or on an attachment with an address, with all other like empowered.