2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000074357

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

CHOW, CHIEH

1219 E COLONIAL DRIVE

1219 E. COLONIAL DRIVE

() Delete

ORLANDO, FL 32803

ORLANDO, FL 32803

CHU, JENN-LUEN

Entity Name: ANDRUEDS GROUP, INC.

FILED Apr 30, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:				
1219 E COLONIAL DRIVE ORLANDO, FL 32803				1625 HILLCREST ST. ORLANDO, FL 32803				
Current Mailing Address:				New Mailing Address:				
	DLONIAL DRIV D, FL 32803	E			OREST ST. 0, FL 32803			
FEI Number:	59-3409604	FEI Number Applied For()	FEI Numb	ber Not Appl	icable ()	Certifica	te of Status De	sired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
WINTER F	INSYLVANIA APARK, FL 3278 named entity see of Florida.		e purpose of	changing i	ts registered	office or r	egistered age	ent, or both,
Electronic Signature of Registered Agent				Date				
Election Can	npaign Financing	g Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	P () CHU, MALEE C 1219 E COLON ORLANDO, FL	IIAL DRIVE	1	Title: Name: Address: City-St-Zip:	P CHU, MALEE 1625 HILLCR ORLANDO, F	EST ST.	()Addition	
Title: Name: Address: City-St-Zip:	VP () LEE, WEI-NING 1219 E COLON ORLANDO, FL	IIAL DRIVE	1	Title: Name: Address: City-St-Zip:	VP CHU, JENN-L 1625 HILLCR ORLANDO, F	EST ST.	()Addition	
Title:	D ()	Delete	7	Title:	D	(X) Change	() Addition	

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

CHOW, CHIEH

CHOW, WILLY

1625 HILLCREST ST.

ORLANDO, FL 32803

1625 HILLCREST ST.

ORLANDO, FL 32803

(X) Change () Addition

SIGNATURE: MALEE CHU P 04/30/2009