FILED Apr 13, 2006 8:00 am Secretary of State

2006	FUR PROFIL (JURPUKAT	IUN
	ANNUAL R	EPORT	

DOCUMENT # P99000097871 1. Entity Name ANDY NICE HOUSE, INCORPORATED						04-13-200	6 90309)35 ***1	50.00	
Principal Plac	e of Business	Maiting Addre	Maiting Address							
11358 SOUTH ORANGE BLOSSOM TRAIL		11358 SOUT	11358 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32837							
2. Principal Place of Business 3			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			Chg-P	CR2E03	34 (11/05)		
City & State		City & State	City & State			4. FEI Number 59-3606044			Applied For Not Applicable	
Zíp	Country	Zip	Со	untry	5. Certificate	of Status Desired		8.75 Add		
	6. Name and Address of Current	Registered Agen	t	I	7. Name and	Address of New R	Registered A	gent		
				Name						
HUANG, GUO ZI 11358 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32837				Street Addres	ss (P.O. Box Numb	er is Not Acceptable	9)			
	21									
•				City			FL	Zip Code	€	
	named entity submits this statement follows of registered agent.	or the purpose of c	hanging its regist	ered office or regis	stered agent, or bo	th, in the State of Flo	orida. I am fa	amiliar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered agen	Land title if applicable.	(NOTE: Regist	ered Agent signature requ	ured when reinstating)		DATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	1	ion Campaign Fir Fund Contributio		55.00 May Be Added to Fees					
10.	OFFICERS AND	DIRECTORS	1	1.	ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	
TITLE	Р		Deleie T	ITLE				☐ Change	Addition	
NAME EXPECT ADDRESS	HUANG, GUO ZI			AME						
STREET ADDRESS CITY-ST-ZIP				TREET ADDRESS						
TITLE			Delete T	ITLE				Change	Addition	
NAME				AME						
STREET ADDRESS CITY-ST-ZIP				TREET ADDRESS TTY-ST-ZIP						
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IIILE			Delete I	ITLE				Change	Addition	
NAME				AME						
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NAME STREET ADDRESS				TREET ADDRESS						
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TITLE			- 0.0.0	ITLE	<u> </u>			Change	Addition	
NAME STREET ADDRESS				IREET ADDRESS						
CITY-ST-ZIP			C	tty-St-ZIP			<u>-</u>			
indicated of the cor	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp , or on an attachment with an address,	is true and accurate powered to execute	e and that my sig: this report as red	nature shall have th	he same legal effe	ot as if made under	oath; that I a	m an officer	or director	
SIGNAT		ances			······································	4-8-06				
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGN	NING OFFICER OR DIR	ECTOR		Date	Da	yume Phone #		