


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90285 021 ***150.00

DOCUMENT # S96130		
1. Entity Name T. ANDREWS, INC.		

Principal Place of Business P. O. BOX 411 PONTE VEDRA BEACH, FL 32004	Mailing Address P. O. BOX 411 PONTE VEDRA BEACH, FL 32004
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

00063330



04052006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3100607	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ANDREWS, THOMAS R. 19 SOLANA ROAD PONTE VEDRA BEACH, FL 32082		Name ANDREWS, THOMAS R	
		Street Address (P.O. Box Number is Not Acceptable) 93 S. ROSCOE BLVD.	
		City & State Ponte Vedra Bch FL	
		Zip Code 32082	

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  **5 April 2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE ANDREWS, THOMAS R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDREWS, THOMAS R.		NAME ANDREWS, THOMAS R.	
STREET ADDRESS 19 SOLANA ROAD		STREET ADDRESS 93 S. ROSCOE BLVD	
CITY-ST-ZIP PONTE VEDRA BCH, FL 32082		CITY-ST-ZIP Ponte Vedra Bch, FL 32082	
TITLE P	<input type="checkbox"/> Delete	TITLE ANDREWS, THOMAS R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDREWS, THOMAS R.		NAME ANDREWS, THOMAS R.	
STREET ADDRESS 19 SOLANA ROAD		STREET ADDRESS 93 S. ROSCOE BLVD	
CITY-ST-ZIP PONTE VEDRA BCH, FL 32082		CITY-ST-ZIP Ponte Vedra Bch, FL 32082	
TITLE ST	<input type="checkbox"/> Delete	TITLE ANDREWS, THOMAS R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDREWS, THOMAS R.		NAME ANDREWS, THOMAS R.	
STREET ADDRESS 19 SOLANA ROAD		STREET ADDRESS 93 S. ROSCOE BLVD	
CITY-ST-ZIP PONTE VEDRA BCH, FL 32082		CITY-ST-ZIP Ponte Vedra Bch, FL 32082	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **5 April 2006** **904 285-2201**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #