

FILED
May 04, 2006 8:00 am
Secretary of State

04-10-2006 90316 037 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/1

DOCUMENT # P04000063561

1. Entity Name
BRAD ANDERSON CORPORATION



Principal Place of Business
**1484 CALOOSA STREET
INTERCESSION, FL 33848**

Mailing Address
**P O BOX 765
INTERCESSION, FL 33848**

66014010



04032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1005651	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, BRAD R
1484 CALOOSA STREET
INTERCESSION, FL 33848**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANDERSON, BRAD R 1484 CALOOSA STREET INTERCESSION CITY, FL 33848
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**DO NOT WRITE
IN THIS SPACE**

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: Bradford Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/31/06 407-973-5901
Date/ Cayman Phone #

Bradford Anderson