


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90063 035 ***150.00

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| DOCUMENT # 332117 |  |
| 1. Entity Name ADMIN CORP. | |

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|---|---|
| Principal Place of Business 415 S. FEDERAL HWY. P O BOX 247 DANIA, FL 33004 | Mailing Address 415 S. FEDERAL HWY. P O BOX 247 DANIA, FL 33004 |
|---|---|

DO NOT WRITE IN THIS SPACE

40015140



01092006 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number 59-1234554 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**GOODMAN, M.M.
413 S. FEDERAL HWY.
DANIA, FL 33004**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 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 |
|---|--|

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CHAMPAGNE, NICOLE 310 S E 4TH TERRACE DANIA BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GOODMAN, M M 413 S FEDERAL HWY DANIA, FL 00000, |
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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: Nicole Champagne Nicole Champagne 2-1-06 954 920-2727
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR Date Daytime Phone #