


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-16-2006 90063 034 \*\*\*150.00

<b>DOCUMENT # 663730</b>	
1. Entity Name <b>ADMIN INTERNATIONAL CORPORATION</b>	

Principal Place of Business <b>415 S. FEDERAL HWY P.O.BOX 247 DANIA, FL 33004</b>	Mailing Address <b>415 S. FEDERAL HWY P.O.BOX 247 DANIA, FL 33004</b>
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01092006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1968548</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**ADMIN CORP.  
415 SOUTH FEDERAL HIGHWAY  
DANIA, FL 33004**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GOODMAN, MURRAY M. 413 S. FEDERAL HWY DANIA, FL
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 2-1-06 954 930 3727  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #