## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000000067

Entity Name: REMINGTON ADMINISTRATIVE SERVICES, INC.

FILED Apr 16, 2009 Secretary of State

Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
	NATIONAL PK W, FL 32746	WY SUITE 200 US	SUITE 200	NATIONAL PK W, FL 32746	WY US	
Current Ma	ailing Address	<b>3:</b>	New Mailii	New Mailing Address:		
500 INTERNATIONAL PKWY SUITE 200 HEATHROW, FL 32746 US			SUITE 200	500 INTERNATIONAL PKWY SUITE 200 HEATHROW, FL 32746 US		
FEI Number: 16-1645012 FEI Number Applied For ( ) FEI I			l Number Not Appli	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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.						
SIGNATUR	E:					
Electronic Signature of Registered Agent				Date		
Election Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD () Delete FORREST, JACK W 500 INTERNATIONAL PKWY STE 200 LAKE MARY, FL 32746		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LANOUETTE, MI	DNAL PKWY SUITE 200	Title: Name: Address: City-St-Zip:	LANOUETTE, P	DNAL PKWY SUITE 200	
Title: Name: Address: City-St-Zip:	CAMP, CHARLE	DNAL PKWY STE 200	Title: Name: Address: City-St-Zip:	CAMP, CHARLE	DNAL PKWY STE 200	
Title: Name: Address: City-St-Zip:	LUTZ, ROBERT	Delete DNAL PKWY STE 200 32746	Title: Name: Address: City-St-Zip:	LUTZ, ROBERT	Change ( ) Addition DNAL PKWY STE 200 . 32746	
Title: Name: Address: City-St-Zip:	ALLISON, REID	Delete DNAL PKWY., 200 32746	Title: Name: Address: City-St-Zip:	ALLISON, A R	Change () Addition DNAL PKWY., 200 32746	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES R CAMP SGC 04/16/2009