

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002000

Entity Name: ADMEREX INC.

FILED
Apr 04, 2008
Secretary of State

Current Principal Place of Business:

5755 NORTH POINT PARKWAY
SUITE 41
ALPHARETTA, GA 30022

New Principal Place of Business:

Current Mailing Address:

5755 NORTH POINT PARKWAY
SUITE 41
ALPHARETTA, GA 30022

New Mailing Address:

1810 PEACHTREE INDUSTRIAL BLVD.
SUITE 120
DULUTH, GA 30097

FEI Number: 20-3078970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOODALL, KIM
Address: 5755 NORTH POINT PARKWAY #41
City-St-Zip: ALPHARETTA, GA 30022

Title: VD () Delete
Name: CRAPPS, BURTON
Address: 5755 NORTH POINT PARKWAY #41
City-St-Zip: ALPHARETTA, GA 30022

Title: TD () Delete
Name: KNOTT, CLIVE
Address: 5755 NORTH POINT PARKWAY #41
City-St-Zip: ALPHARETTA, GA 30022

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: YELDON, ROBERT
Address: 5755 NORTH POINT PARKWAY #41
City-St-Zip: ALPHARETTA, GA 30022

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CAMPBELL, PETER
Address: 5755 NORTH POINT PARKWAY #41
City-St-Zip: ALPHARETTA, GA 30022

Title: D () Change (X) Addition
Name: CARNEY, PETER
Address: 5755 NORTH POINT PARKWAY #41
City-St-Zip: ALPHARETTA, GA 30022

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: KIM GOODALL

PD

04/04/2008

Electronic Signature of Signing Officer or Director

_____ Date