

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90024 025 ***158.75

DOCUMENT # F95000001778 1. Entity Name ADMIRAL TESTING SERVICES, INC.					
Principal Place of Business 5909-C BRECKENRIDGE PKWY. TAMPA, FL 33610 US			Mailing Address 5909-C BRECKENRIDGE PKWY. TAMPA, FL 33610 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 72-1281343	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SINOPOLI, FRANK 5909-C BRECKENRIDGE PKWY. TAMPA, FL 33610				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAMOS, RENATO M 524 ELMWOOD PARK BLVD, SUITE 160 HARAHAN, LA 70123 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12111 RIVER ROAD LULING, LA 70070	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS RAMOS, RAMONA H 524 ELMWOOD PARK BLVD, SUITE 160 HARAHAN, LA 70123 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12111 RIVER ROAD LULING, LA 70070	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT KENNEY, LINDA B 524 ELMWOOD PARK BLVD, SUITE 160 HARAHAN, LA 70123 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12111 RIVER ROAD LULING, LA 70070	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAMOS, RENATO M JR 524 ELMWOOD PARK BLVD, SUITE 160 HARAHAN, LA 70123 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12111 RIVER ROAD LULING, LA 70070	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KENNEY, STANLEY 524 ELMWOOD PARK BLVD., STE. 160 HARAHAN, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12111 RIVER ROAD LULING, LA 70070	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Renato M. Ramos</i> RENATO M. RAMOS			1-15-08 813-623-3777		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		