

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002834

FILED
Apr 25, 2006
Secretary of State

Entity Name: MONGOOSE ADMINISTRATORS, INC.

Current Principal Place of Business:

27575 HARPER AVE.
ST. CLAIR SHORES, MI 48080

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7676
ST. CLAIR SHORES, MI 48080

New Mailing Address:

FEI Number: 38-2683654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D () Delete
Name: ALCOTT, WILLIAM D III
Address: 27575 HARPER AVE.
City-St-Zip: ST. CLAIR SHORES, MI 48080

Title: P () Delete
Name: GUNTER, KIMBERLEY A
Address: 27575 HARPER AVE.
City-St-Zip: ST. CLAIR SHORES, MI 48080

Title: CFO () Delete
Name: GRIFFIN, PETER R
Address: 27575 HARPER AVE.
City-St-Zip: SAINT CLAIR SHORES, MI 48081

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: SCHMIDT, MARK W
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

Title: PRES (X) Change () Addition
Name: GUNTER, KIMBERLEY A
Address: 27575 HARPER AVE.
City-St-Zip: ST. CLAIR SHORES, MI 48080

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

Title: SEC () Change (X) Addition
Name: PRZYBYSZEWSKI, SANDRA J
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

Title: VP () Change (X) Addition
Name: LEAR, NATALIE
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

Title: VP () Change (X) Addition
Name: MANSFIELD, KARLA
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER R GRIFFIN

CFO

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date