2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003316

PEIFFER, MARK A

ROYERSFORD, PA 19468

521 CHURCH ST

Name:

Address:

City-St-Zip:

Entity Name: ADMINISTRATIVE CONCEPTS OF PENNSYLVANIA, INC.

FILED Apr 19, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 997 OLD EAGLE SCHOOL RD SUITE 215 WAYNE, PA 190871706 **New Mailing Address: Current Mailing Address:** 997 OLD EAGLE SCHOOL RD SUITE 215 WAYNE, PA 190871706 FEI Number: 22-3485049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MUNROE, W. BRADLEY 239 EAST VIRGINIA STREET TALLAHASSEE, FL 32301 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition NICOLUCCI, JUANITA E Name: Name: 31 GLENDALE ROAD Address: Address: City-St-Zip: HAVERTOWN, PA 19083 City-St-Zip: () Delete Title: Title: TS () Change () Addition Name: NICOLUCCI, LINDA Name: 31 GLENDALE ROAD Address: Address: HAVERTOWN, PA 19083 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JUANITA NICOLUCCI PC 04/19/2007