2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003316

City-St-Zip:

ROYERSFORD, PA 19468

Entity Name: ADMINISTRATIVE CONCEPTS OF PENNSYLVANIA, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
997 OLD EAGLE SCHOOL RD SUITE 215 WAYNE, PA 190871706			994 OLD EAGLE SO SUITE 1005	CHOOL RD	
			WAYNE, PA 19087	US	
Current Ma	ailing Address	::	New Mailing Addre	New Mailing Address:	
997 OLD EAGLE SCHOOL RD SUITE 215 WAYNE, PA 190871706			SUITE 1005	994 OLD EAGLE SCHOOL RD SUITE 1005 WAYNE, PA 19087 US	
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	Name and Address of New Registered Agent:	
239 EAST \	W. BRADLEY VIRGINIA STRE SEE, FL 3230				
The above in the State		ubmits this statement for the	purpose of changing its registe	red office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			gent	Date	
Election Cam	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PC () I NICOLUCCI, JUA 31 GLENDALE R HAVERTOWN, P.	OAD	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	TS () I NICOLUCCI, LIN 31 GLENDALE R HAVERTOWN, P	OAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP ()[PEIFFER, MARK 521 CHURCH ST		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: JUANITA NICOLUCCI PC 04/30/2008