

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000076086

Entity Name: ADMIN ESOLUTIONS, INC.

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

100 EAST LINTON BLVD
SUITE 411-B
DELRAY BEACH, FL 33483

Current Mailing Address:

100 EAST LINTON BLVD
SUITE 411-B
DELRAY BEACH, FL 33483

FEI Number: 65-1130527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

100 EAST LINTON BLVD
SUITE 403-A
DELRAY BEACH, FL 33483

New Mailing Address:

100 EAST LINTON BLVD
SUITE 403-A
DELRAY BEACH, FL 33483

Name and Address of Current Registered Agent:

DUPONT, COLLEEN
163 SEMINOLE LANE
BOCA RATON, FL 33487 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: VPST () Delete
Name: DUPONT, COLLEEN
Address: 100 EAST LINTON BLVD - SUITE 411-B
City-St-Zip: DELRAY BEACH, FL 33483

Title: BM () Delete
Name: JOHNSON, PARVIN J JR
Address: 100 EAST LINTON BLVD - SUITE 411-B
City-St-Zip: DELRAY BEACH, FL 33483

Title: P (X) Delete
Name: DUPONT, ANTOINE
Address: 100 EAST LINTON BLVD - SUITE 411-B
City-St-Zip: DELRAY BEACH, FL 33483

Title: BM (X) Delete
Name: JOHNSON, MICHAEL
Address: 100 EAST LINTON BLVD
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPST (X) Change () Addition
Name: DUPONT, COLLEEN
Address: 100 EAST LINTON BLVD - SUITE 403-A
City-St-Zip: DELRAY BEACH, FL 33483

Title: P (X) Change () Addition
Name: DUPONT, ANTOINE
Address: 100 EAST LINTON BLVD - SUITE 403-A
City-St-Zip: DELRAY BEACH, FL 33483

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

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

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: COLLEEN DUPONT

VPST

01/21/2009

Electronic Signature of Signing Officer or Director

Date