


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000014763  
 1. Entity Name  
 THE PROGRAM ADMINISTRATION COMPANY, INC.



Principal Place of Business 111 W. MAGNOLIA AVENUE SUITE 1000 LONGWOOD, FL 32750	Mailing Address 111 W. MAGNOLIA AVENUE SUITE 1000 LONGWOOD, FL 32750
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04142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0678733	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 JENSBY, MORRIS  
 111 W.MAGNOLIA AVENUE  
 SUITE 1000  
 LONGWOOD, FL 32750

**DO NOT WRITE IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAMLIN, PAUL 111 W. MAGNOLIA AVE.,STE. 1000 LONGWOOD, FL 32750
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U00000528692  
 05/05/06-80047-009 150.00

**DO NOT WRITE IN THIS SPACE**

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: Al Hamlin Al Hamlin 4-20-06 407-332-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #