## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P02000034578

Title:

Name:

Address: City-St-Zip:

FILED Apr 10, 2006 Secretary of State

Entity Name: FIRST SERVICE ADMINISTRATORS, INC. **Current Principal Place of Business: New Principal Place of Business:** 3425 LAKE ALFRED ROAD SUITE 2 WINTER HAVEN, FL 338811492 US **New Mailing Address: Current Mailing Address:** 3425 LAKE ALFRED ROAD SUITE 2 WINTER HAVEN, FL 338811492 US FEI Number: 41-2035345 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: GRINER, CARRIE L 3425 LAKE ALFRED ROAD SUITE 2 WINTER HAVEN, FL 338811492 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete Title: () Change () Addition ANASTASIO, LANCE A Name: Name: 200 AVENUE F NE Address: Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: Title: C/D Title: () Delete () Change () Addition DAVIDOFF, RONY Name: Name: 3425 LAKE ALFRED ROAD Address: Address: WINTER HAVEN, FL 33881 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition LEVY, ODED Name: Name: 160 WEST 66TH STREET Address: Address: City-St-Zip: NEW YORK, NY 10023 City-St-Zip: Title: () Delete Title: () Change () Addition GRINER, CARRIE L Name: Name: Address: 1054 ARIANA BLVD. Address: City-St-Zip: AUBURNDALE, FL 338232312 US City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CARRIEL GRINER D 04/10/2006

() Delete

SMITH, JULIA M

1914 PAWNEE TRAIL

LAKELAND, FL 33803 US

() Change () Addition