2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 19, 2006
Secretary of State

DOCUMENT# P02000034578

Entity Name: FIRST SERVICE ADMINISTRATORS, INC.

Current Principal Place of Business:

3425 LAKE ALFRED ROAD
SUITE 2
WINTER HAVEN, FL 338811492 US

New Principal Place of Business:

Current Mailing Address:

3425 LAKE ALFRED ROAD
SUITE 2
WINTER HAVEN, FL 338811492 US

New Mailing Address:

FEI Number: 41-2035345 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRINER, CARRIE L
3425 LAKE ALFRED ROAD
SUITE 2
WINTER HAVEN, FL 338811492 US

Name and Address of New Registered Agent:

RAMOS, FRANK
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: FRANK RAMOS 06/19/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C/D ( ) Delete
Name: DAVIDOFF, RONY
Address: 3425 LAKE ALFRED ROAD
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete
Name: LEVY, ODED
Address: 160 WEST 66TH STREET
City-St-Zip: NEW YORK, NY 10023

Title: D ( ) Delete
Name: GRINER, CARRIE L
Address: 1054 ARIANA BLVD.
City-St-Zip: AUBURNDALE, FL 338232312 US

Title: D ( ) Delete
Name: SMITH, JULIA M
Address: 1914 PAWNEE TRAIL
City-St-Zip: LAKELAND, FL 33803 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: O/S ( ) Change (X) Addition
Name: ANTEBI, GONEN
Address: 3425 LAKE ALFRED ROAD, SUITE 2
City-St-Zip: WINTER HAVEN, FL 33881 US

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.

SIGNATURE: JULIA SMITH D 06/19/2006
Electronic Signature of Signing Officer or Director Date