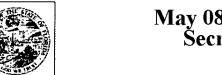
## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT (AR)** DOCUMENT # P02000086057 1. Entity Name



**FILED** May 08, 2008 08:00 AN Secretary of State

ELECTRO	ONIC ADMINISTRATIVE SEF	VICES, INC.			iary or State
Principal Place of Business 7858 E. GULF TO LAKE HIGHWAY INVERNESS FL 34450		Mailing Address 7858 E. GULF TO LAKE HIGHWAY INVERNESS FL 34450			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			) See   100   50   50   50   50   50   50   5
Suite, Apt. #. etc		Suite, Apt. #, etc.		1st MOORE CR2E034	4 (10/07)
City & State		City & State		4. FE: Number 13-4207163	Applied For Not Applicable
Zıp	Country	Z:p	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered	<u> </u>
VIVIAN, SUZANNE			Name		
185	8 E. GULF TO LAKE HWY ERNESS FL 32250		Street Address	s (P.O. Box Number is Not Acceptable)	
			City	FL	Zıp Code
SIGNATURE	lions of registered agent.	undite Larpksebe. (KO) ULB (Alaba Daniela)	S registered office or regist	red when remarkings  9. Election Campaign Finance Trust Fund Contribution.	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 11
TITLE NAME STREET ADDRESS CHY-SI-ZIP	D VIVIAN, SUZANNE 7858 E. GULF TO LAKE HIGHWA' INVERNESS FL 34450	☐ Derete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000950143 06/03/08-80055-1	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Derele	TITLE NAME STREFT ADDRESS CITY-SI-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Darete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS GITY-S1-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Devele	TITLE NAME STREET ADDRESS CITY-SI-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ De etc	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental people 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 truefee 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: