

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060349

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: ENTRUST ADMINISTRATION SERVICES, INC.

## Current Principal Place of Business:

801 INTERNATIONAL PARKWAY  
5TH FLOOR  
LAKE MARY, FL 32746

## New Principal Place of Business:

1064 GREENWOOD BLVD.  
SUITE 312  
LAKE MARY, FL 32746

## Current Mailing Address:

801 INTERNATIONAL PARKWAY  
5TH FLOOR  
LAKE MARY, FL 32746

## New Mailing Address:

1064 GREENWOOD BLVD.  
SUITE 312  
LAKE MARY, FL 32746

FEI Number: 75-3120872

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MATHER, GLEN  
365 FOREST PARK CIRCLE  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

MATHER, GLEN  
1064 GREENWOOD BLVD.  
SUITE 312  
LAKE MARY, FL 32746 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: GLEN MATHER

01/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MATHER, GLEN  
Address: 365 FOREST PARK CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

Title: VP ( ) Delete  
Name: MATHER, GLEN  
Address: 365 FOREST PARK CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

Title: SEC ( ) Delete  
Name: MATHER, GLEN  
Address: 365 FOREST PARK CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

Title: TRES ( ) Delete  
Name: MATHER, GLEN  
Address: 365 FOREST PARK CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

Title: DIR ( ) Delete  
Name: MATHER, GLEN  
Address: 365 FOREST PARK CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

## 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: ( ) 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: GLEN MATHER

PRES

01/11/2008

Electronic Signature of Signing Officer or Director

Date