
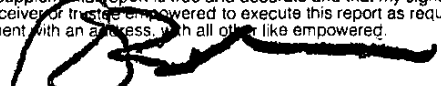


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90247 016 ***150.00

DOCUMENT # P03000069430 1. Entity Name ADMINISTRATIVE CONCEPTS 2003 INC.					
Principal Place of Business 124 MIRACLE STRIP PARKWAY STE. 502 MARY ESTHER, FL 32569			Mailing Address 124 MIRACLE STRIP PARKWAY STE. 502 MARY ESTHER, FL 32569		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 406 43rd street west Suite, Apt. #, etc.			
City & State		City & State Bradenton FL		4. FEI Number 01-0789220	
Zip 34209		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, RICHARD S 36008 EMERALD COAST PARKWAY STE. 301 DESTIN, FL 32541				7. Name and Address of New Registered Agent Name Sarah Peel Street Address (P.O. Box Number is Not Acceptable) 406 43rd Street West City Bradenton FL Zip Code 34209	
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:  Sarah Peel DATE: 5-1-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOERNER, CHAD S 124 MIRACLE STRIP PARKWAY, STE. 502 MARY ESTHER, FL 32569	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEEL, SARAH 124 MIRACLE STRIP PARKWAY, STE. 502 MARY ESTHER, FL 32569	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  Sarah Peel DATE: 5-1-06 DAYTIME PHONE #: 941-744-1317 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

60034785



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