


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000117658		
1. Entity Name WCS ADMINISTRATIVE SERVICES, INC.		

FILED

06 NOV -7 PM 2:25

SECRETARY OF STATE  
3000 LAKE WALKER BLVD  
10/24/06--01014--003 \*\*750.00



Principal Place of Business 1601 SAWGRASS CORPORATE PARKWAY SUITE 300 SUNRISE, FL 33323 US		Mailing Address 1601 SAWGRASS CORPORATE PARKWAY SUITE 300 SUNRISE, FL 33323 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10122006 REIN-P CR2E098 (11/05) 06

6. Name and Address of Current Registered Agent SAUTTER, C. CHRISTIAN ESQ. 2900 EAST OAKLAND PARK BOULEVARD SUITE 200 FORT LAUDERDALE, FL 33306		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/6/06

FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00	807147
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARK, LARENCE 1601 SAWGRASS CORPORATE PARKWAY, SUITE 300 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gupta, Rahul 8501 N Scottsdale Rd. # 300 Scottsdale, AZ 85253 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PALMER, GARY 1601 SAWGRASS CORPORATE PARKWAY, SUITE 300 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Fishbach, Steven 8501 N Scottsdale Rd. # 300 Scottsdale, AZ 85253 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walsh, Paul 8501 N Scottsdale Rd. # 300 Scottsdale, AZ 85253 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Gresham, George 8501 N. Scottsdale Rd # 300 Scottsdale, AZ 85253 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Walsh, Paul 8501 N. Scottsdale Rd. # 300 Scottsdale, AZ 85253 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SZC Coleman, Steven 8501 N. Scottsdale Rd # 300 Scottsdale, AZ 85253 <input type="checkbox"/> Change <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Gresham

Date

10/19/06

Daytime Phone #