2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered:

Apr 04, 2008 08:00 All Secretary of State DOCUMENT # P04000041701 1. Entity Name TPA ADMIN, INC. Principal Place of Business Mailing Address P.O. BOX 2029 HOBE SOUND, FL 33475 3559 SANDPIPER LANE MELBOURNE, FL 32935 No Chg-P CR2E034 (11/05) 03242008 DO NOT WRITE IN THIS SPACE Applied For FEI Number 20-0897973 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHATHAM, KURT DO NOT WRITE 3559 SANDPIPER LANE IN THIS SPACE MELBOURNE, FL 32935 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE CHATHAM, KURT NAME STREET ADDRESS 3559 SANDPIPER LANE CITY-ST-ZIP MELBOURNE, FL 32935 TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOTWRITE TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP. 12. I hereby certify that the information supplied with this filling 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

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