

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000105484

FILED
Apr 19, 2007
Secretary of State

Entity Name: DORAL ADMINISTRATIVE SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

12121 N. CORPORATE PKWY
MEQUON, WI 53092

New Principal Place of Business:

Current Mailing Address:

12121 N. CORPORATE PKWY
MEQUON, WI 53092

New Mailing Address:

FEI Number: 20-1373905 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUNTER, ROBERT E
Address: 465 MEDFORD STREET
City-St-Zip: BOSTON, MA 02129 US

Title: D () Delete
Name: DONOHUE, FAY
Address: 465 MEDFORD STREET
City-St-Zip: BOSTON, MA 02129 US

Title: O () Delete
Name: SHEEHAN, JOHN
Address: 465 MEDFORD STREET
City-St-Zip: BOSTON, MA 02129 US

Title: O () Delete
Name: POLLOCK, STEVEN
Address: 12121 NORTH CORPORATE PARKWAY
City-St-Zip: MEQUON, WI 53092 US

Title: O () Delete
Name: MA, PATRICIA
Address: 465 MEDFORD ST
City-St-Zip: BOSTON, MA 02129 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: GUENGERICH, GARY
Address: 465 MEDFORD STREET
City-St-Zip: BOSTON, MA 02129 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Change (X) Addition
Name: SHEEHAN, JOHN
Address: 465 MEDFORD ST
City-St-Zip: BOSTON, MA 02129 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA C. MA

SEC

04/19/2007

Electronic Signature of Signing Officer or Director

_____ Date