

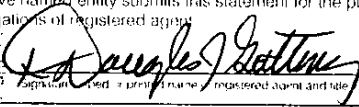
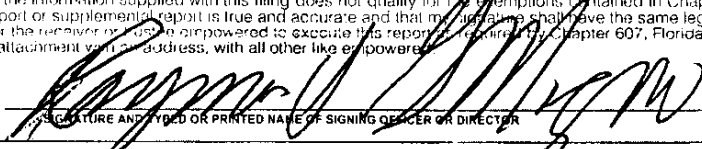


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2008 8:00 am**  
**Secretary of State**

09-11-2008 90002 012 \*\*\*150.00

<b>DOCUMENT # P06000016223</b> 1. Entity Name <b>ADMIRAL ASSOCIATES, INC.</b>					
Principal Place of Business <b>UPS STORE TRADITIONS</b> <b>10380 SW VILLAGE CENTER DRIVE</b> <b>PORT SAINT LUCIE, FL 34987</b>			Mailing Address <b>P.O. BOX 2423</b> <b>PALM CITY, FL 34991</b>		
2. Principal Place of Business No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<b>40115684</b>  	
City & State Zip		City & State Zip		07092008 Chg-P CR2E034 (12/06)	
4. FEI Number <b>20-4178353</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent <b>YUNGBLUTH, DONALD J</b> <b>2548 N. CANTERBURY DRIVE</b> <b>WEST PALM BEACH, FL 33407</b>	
7. Name and Address of New Registered Agent Name <b>DOUGLAS J. GOTTUNG</b> Street Address (P.O. Box Number is Not Acceptable) <b>UPS STORE TRADITIONS</b> <b>10380 S.W. VILLAGE CTR. DR</b> City <b>PORT SAINT LUCIE, FL</b> Zip Code <b>34987</b>				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 <b>9-5-08</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	PD MAGNO, RAYMOND G P.O. BOX 2423 PALM CITY, FL 33993	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	T BARNES, ELIZABETH M 1105 N. STUART ST. ARLINGTON, VA 22201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	S MAGNO, JENNIFER 6295 BADGER DRIVE LOCKPORT, NY 14094	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input 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	<input 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	<input 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	<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: 			Date <b>9-5-2008</b> Daytime Phone # <b>772 3451300</b>		