

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000074968

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: ADMINISTRATORS ADVISORY GROUP, INC.

**Current Principal Place of Business:**

105 S. DEXTER AVE.  
DELAND, FL 32720 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 549  
DELAND, FL 32721 US

**New Mailing Address:**

FEI Number: 59-3275925      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, CHARLES S  
105 S. DEXTER AVE.  
DELAND, FL 32720 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: P ( ) Delete  
Name: SMITH, CHARLES S  
Address: 340 CANDY LANE  
City-St-Zip: DELAND, FL 32720

Title: VPS ( ) Delete  
Name: THOMPSON, MYRA  
Address: 2950 N. SHELL RD.  
City-St-Zip: DELAND, FL 32720

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: SMITH, CHARLES S  
Address: 340 CANDY LANE  
City-St-Zip: DELAND, FL 32720

Title: P (X) Change ( ) Addition  
Name: THOMPSON, MYRA  
Address: 2950 N. SHELL RD.  
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES S. SMITH

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

CHMN

04/22/2008

\_\_\_\_\_ Date