2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000016401

Entity Name: THE ADMARK GROUP, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

875 NW 13TH ST 609 TRADEWINDS DRIVE UNIT 420 DELTONA, FL 32738 BOCA RATON, FL 33486

Current Mailing Address: New Mailing Address:

875 NW 13TH ST P.O BOX 5882 UNIT 420 DELTONA, FL 32728 BOCA RATON, FL 33486

FEI Number: 65-0739218 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SYLVESTER, JANINE

1505 NO RIVERSIDE DRIVE

STE 401

POMPANO BEACH, FL 33062 US

LADOW, MYRNA

609 TRADEWINDS DRIVE

DELTONA, FL 32738 US

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: MYRNA LADOW 04/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRFS (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition
Name: SYLVESTER, PAULA Name: LADOW, MYRNA
Address: 875 NW 13TH ST Address: 609 TRADEWINDS DRIVE

 Address:
 875 NW 13TH ST
 Address:
 609 TRADEWINDS DRIVE

 City-St-Zip:
 BOCA RATON, FL 33486
 City-St-Zip:
 DELTONA, FL 32738

Title: VP () Delete Title: VP (X) Change () Addition Name: SYLVESTER, KENNETH J Name: LADOW, VERNON R

Address: 1505 NO RIVERSIDE DRIVE UNIT 401 Address: 609 TRADEWINDS DRIVE City-St-Zip: POMPANO BEACH, FL 33406 City-St-Zip: DELTONA, FL 32738

 Name:
 SYLVESTER, JANINE
 Name:
 CUNNINGHAM, BRIAN N

 Address:
 1505 NO RIVERSIDE DRIVE UNIT 401
 Address:
 609 TRADEWINDS DRIVE

 City-St-Zip:
 POMPANO BEACH, FL 33062
 City-St-Zip:
 DELTONA, FL 32738

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: MYRNA LADOW PRES 04/30/2007