2004 FOR PROFIT CORPORATION ANNUAL REPORT

(suy)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000069073 1. Entity Name ADMINISTRATIVE EXCELLENCE, INC.		S	ecretary of State
Principal Place of Business Mailing Address 2801 ZEPHYR ROAD 2801 ZEPHYR ROAD ORLANDO, FL 32806 ÖRLANDO, FL 32806			
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent		01102004 No Chg-P 4. FEI Number 59-3529393 5. Certificate of Status Desired	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
ROBERTS, L. 2807 ZEPHYR RAOD ORLANDO, FL 32806 DO NOT WRITE IN THIS SPACE			
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 Signature. Typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaig Trust Fund Contrib		00 May Be ed to Fees	
10. OFFICERS AND DIRECTORS INLE NAME ROBERTS, L. SINELI ADDRESS CITY-SI-ZIP ORLANDO, FL 32806 INLE NAME SIRLET ADDRESS CITY-SI-ZIP		DO NOT V	
NAME SIREET ADDRESS CITY-ST-ZIP INLE NAME SIREET ADDRESS CITY-ST-ZIP INLE NAME SIREET ADDRESS CITY ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.	signature shall have the	ction 119.07(3)(i), Florida Statutes ame legal effect as if made under	s. I further certify that the information r oath; that I am an officer or director

04-27-04

Daytime Phone #