2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM Secretary of State

DOCUMENT # P98000069073 1. Entity Name ADMINISTRATIVE EXCELLENCE, INC.					Secretary of State
Principal Place of Business 2801 ZEPHYR ROAD ORLANDO, FL 32806 Principal Place of Business 2801 ZEPHYR ROAD ORLANDO, FL 32806				01062005 No Chg-P CR2E034 (10/03) 4. FEI Number	
DO NOT WRITE IN THIS SPACE					
6. Name and Address of Current Registered Agent 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 Signalure, typed or printed name of registered agent and title II applicable (NOTE Registered Agent signalure required when reinstating) DATE					
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be led to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DPS ROBERTS, L. 2801 ZEPHYR ROAD ORLANDO, FL 32806	CTORS		0	U00000345519 4/30/05-80037-024 150.00
NAME STREET ADDRESS GITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO N	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN TH	IIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					