


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 690883
 1. Entity Name
APPLIED RESEARCH, INC.



Principal Place of Business Mailing Address
 7367 DAVIE ROAD EXT. 7367 DAVIE ROAD EXT.
 HOLLYWOOD, FL 33024-2421 HOLLYWOOD, FL 33024-2421

DO NOT WRITE IN THIS SPACE



04082006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-2102810 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SARAFAN, RICHARD
 C/O GENOVESE, JOBLOVE & BATTISTA
 100 SE 2ND ST. FL 36
 MIAMI, FL 33131-2158

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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 _____
Signature, typed or printed name of registered agent and date if applicable Registered Agent signature (required when changing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$650.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RYAN, MICHAEL F 6831 SW 9TH ST PEMBROKE PINES, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GOLDBERG, ROBERT J 3208 SW 175TH AVENUE MIARMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 05/13/06-80109-013 150.00

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: Michael F. Ryan Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael F. Ryan

(954) 432-3500