


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 690883


1. Entity Name
APPLIED RESEARCH, INC.



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

Mailing Address
**7367 DAVIE ROAD EXT.
 HOLLYWOOD, FL 33024-2421**

DO NOT WRITE IN THIS SPACE



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2102810	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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 _____ (NOTE: Registered Agent signature required when amending) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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
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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 empowerments.

SIGNATURE _____ DATE _____ DAYTIME PHONE # _____