

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 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**



04132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: **59-2102810** Applied For:  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 title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000941695  
 05/28/08-80117-008 150.00

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

**DO NOT WRITE IN THIS SPACE**

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: *[Signature]* **APPLIED RESEARCH, INC.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/28/08* Daytime Phone #: *954-472-2570*