2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# P02000064424

Entity Name: EVALUATION AND RESEARCH SPECIALISTS, INC.

Current Principal Place of Business:

15500 LIGHTWAVE DR
STE 101
CLEARWATER, FL 33760

New Principal Place of Business:

33 NORTH GARDEN AVE
STE 900
CLEARWATER, FL 33755

Current Mailing Address:

15500 LIGHTWAVE DR
STE 101
CLEARWATER, FL 33760

New Mailing Address:

33 NORTH GARDEN AVE
STE 900
CLEARWATER, FL 33755

FEI Number: 03-0469258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAROLLA, SUSAN M
1500 LIGHTWAVE DR.
STE 101
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

TAROLLA, SUSAN M
33 NORTH GARDEN AVE
STE 900
CLEARWATER, FL 33755 US

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.

SIGNATURE: SUSAN TAROLLA 04/12/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WAGNER, ERIC DR.
Address: 2496 INAGUA AVE.
City-St-Zip: MIAMI, FL 33133

Title: VPD ( ) Delete
Name: TAROLLA, SUSAN
Address: 3102 CRYSTAL CAY
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: S ( ) Delete
Name: REYES, SADY
Address: 2496 INAGUA AVE
City-St-Zip: MIAMI, FL 33133

Title: T ( ) Delete
Name: TAROLLA, KEN
Address: 3102 CRYSTAL CAY
City-St-Zip: BELLEAIR BEACH, FL 33786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN TAROLLA VPD 04/12/2007
Electronic Signature of Signing Officer or Director Date