


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000094988

1. Entity Name
13D RESEARCH, INC.



Principal Place of Business 150 EAST PALMETTO PARK ROAD SUITE 550 BOCA RATON, FL 33432 US	Mailing Address 150 EAST PALMETTO PARK ROAD SUITE 550 BOCA RATON, FL 33432 US
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01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEJ Number 22-3343512	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SOKOLOFF, KIRIL
 150 EAST PALMETTO PARK ROAD
 SUITE 550
 BOCA RATON, FL 33432**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 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	D SOKOLOFF, KIRIL 150 E PALMETTO PK RD. STE 550 BOCA RATON, FL 33432
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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 files empowered

SIGNATURE: Kiril Sokoloff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #