

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 472173

FILED  
Apr 13, 2006  
Secretary of State

Entity Name: BEHAVIORAL SCIENCE RESEARCH CORP.

## Current Principal Place of Business:

2121 PONCE DE LEON BLVD., 12TH FLOOR  
CORAL GABLES, FL 33134

## New Principal Place of Business:

2121 PONCE DE LEON BLVD.  
SUITE 250  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

2121 PONCE DE LEON BLVD., 12TH FLOOR  
CORAL GABLES, FL 33134

## New Mailing Address:

2121 PONCE DE LEON BLVD.  
SUITE 250  
CORAL GABLES, FL 33134 US

FEI Number: 59-1593190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LADNER, ROBERT  
2121 PONCE DE LEON BLVD., 12TH FLOOR  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

LADNER, ROBERT  
2121 PONCE DE LEON BLVD.  
SUITE 250  
CORAL GABLES, FL 33134 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: ROBERT A. LADNER

04/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPT ( ) Delete  
Name: LADNER, SHARYN J  
Address: 929 MAJORCA AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: PC ( ) Delete  
Name: LADNER, ROBERT A JR.  
Address: 929 MAJORCA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPS ( ) Delete  
Name: LADNER, ADRIAN M  
Address: 1926 SW 17TH TERR  
City-St-Zip: MIAMI, FL 33145

## 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:

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: ROBERT A. LADNER

PC

04/13/2006

Electronic Signature of Signing Officer or Director

Date