

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 513442

FILED
Apr 17, 2006
Secretary of State

Entity Name: RESEARCH MANAGEMENT CORPORATION

Current Principal Place of Business:

104 CRANDON BLVD., STE 409
KEY BISCAYNE, FL 33149

New Principal Place of Business:

901 PONCE DE LEON BOULEVARD
SUITE #505
CORAL GABLES, FL 33134

Current Mailing Address:

104 CRANDON BLVD., STE 409
KEY BISCAYNE, FL 33149

New Mailing Address:

901 PONCE DE LEON BOULEVARD
SUITE #505
CORAL GABLES, FL 33134

FEI Number: 59-1693449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKENNA, JOY
6815 TORDERA STREET
MIAMI, FL 33146 US

Name and Address of New Registered Agent:

MCKENNA, JOY
6651 SW 100 STREET
MIAMI, FL 33156 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: _____

04/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VS () Delete
Name: PORTER, SHARI
Address: 104 CRANDON BLVD STE 409
City-St-Zip: KEY BISCAYNE, FL 33149

Title: PTD () Delete
Name: MCKENNA, JOY,
Address: 104 CRANDON BLVD STE 409
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VS (X) Change () Addition
Name: PORTER, SHARI
Address: 901 PONCE DE LEON BOULEVARD, #505
City-St-Zip: CORAL GABLES, FL 33134

Title: PTD (X) Change () Addition
Name: MCKENNA, JOY,
Address: 901 PONCE DE LEON BOULEVARD, #505
City-St-Zip: CORAL GABLES, FL 33134

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: SHARI PORTER

V

04/17/2006

Electronic Signature of Signing Officer or Director

Date