2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 AM Secretary of State **DOCUMENT #690883** 1. Entity Name APPLIED RESEARCH, INC. Principal Place of Business Mailing Address 7367 DAVIE ROAD EXT. 7367 DAVIE ROAD EXT. HOLLYWOOD, FL 33024-2421 HOLLYWOOD, FL 33024-2421 04022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2102810 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SARAFAN, RICHARD DO NOT WRITE C/O GENOVESE, JOBLOVE & BATTISTA 100 SE 2ND ST. FL 36 IN THIS SPACE MIAMI, FL 33131-2158 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 (MOTE: Registered Agent agriculture required when remaining) 9. Election Campaign Financing \$5.00 May 80 FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PS TITLE RYAN, MICHAEL F NAME STREET ADDRESS 6831 SW 9TH ST CITY-ST-ZIP PEMBROKE PINES, FL 00000, TITLE U00000749647 05/18/07-80032-008 150.00 GOLDBERG, ROBERT J NAME STREET ADDRESS 3208 SW 175TH AVENUE CITY-ST-ZIP MIARMAR, FL 33029 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

n supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information mental report is true and accurate and that my signeture shall have the same legal effect as if made under oath; that I am an officer or director or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name annears in Block 10 or Block 11 I hereby certify that the information indicated on this report or supplied of the corporation or the receiver of ignerure shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmen

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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