



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90058 008 ****61.25

| | | | |
|---|--|---|---|
| DOCUMENT # 715698 | |  | |
| 1. Entity Name INTERNATIONAL NAVAL RESEARCH ORGANIZATION, INC. | | | |
| Principal Place of Business C/O HENRY P. TRAWICK JR 5905 REINWOOD DRIVE TOLEDO OH 43613 | | Mailing Address C/O HENRY P. TRAWICK JR 5905 REINWOOD DRIVE TOLEDO OH 43613 | |
| 2. Principal Place of Business Suite, Apt. #, etc. PO Box 222 48 | | 3. Mailing Address Suite, Apt. #, etc. POBox 48 | |
| City & State Holden MA 01520-0048 | | City & State Holden MA 01520-0048 | |
| Zip | Country | Zip | Country |
| 4. FEI Number 34-1566095 | | 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 TRAWICK, HAMMERSLEY & VALENTINE, P.A. 2051 MAIN STREET SARASOTA FL 34237 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HARRIS, ALLAN C 5905 REINWOOD DRIVE TOLEDO OH <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD David M. Sullivan PO Box 48 Holden MA 01520-0048 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WRIGHT, CHRISTOPHER C. 12847 FOLLY QUARTER RD ELLCOTT CITY MD <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMYERS, RICHARD P 327 VIRGINIA AVENUE LAPORTE IN <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HARRIS, ALLAN C 5905 REINWOOD DRIVE TOLEDO OH <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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 like empowered.

SIGNATURE:  **DAVID M. SULLIVAN** 2/2/06 5088459229