
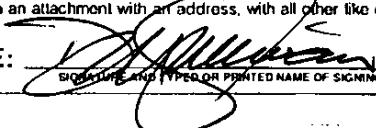


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90042 011 \*\*\*\*61.25

<b>DOCUMENT # 715698</b> 1. Entity Name <b>INTERNATIONAL NAVAL RESEARCH ORGANIZATION, INC.</b>			
Principal Place of Business P.O. BOX 48 HOLDEN MA 01520-0048		Mailing Address P.O. BOX 48 HOLDEN MA 01520-0048	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number <b>34-1566095</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TRAWICK, HAMMERSLEY &amp; VALENTINE, P.A.</b> <b>2051 MAIN STREET</b> <b>SARASOTA FL 34237</b>		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 his or her contactable (NOI - Registered Agent signature required when registering) DATE</small>			
<b>FILE NOW: FEES \$61.25</b> <b>Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
IIII NAME STREET ADDRESS CITY ST ZIP	PD SULLIVAN, DAVID M P.O. BOX 48 HOLDEN MA 01520-0048	IIII NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IIII NAME STREET ADDRESS CITY ST ZIP	D WRIGHT, CHRISTOPHER C. 12847 FOLLY QUARTER RD ELLICOTT CITY MD	IIII NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IIII NAME STREET ADDRESS CITY ST ZIP	D SMYERS, RICHARD P 327 VIRGINIA AVENUE LAPORTE IN	IIII NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IIII NAME STREET ADDRESS CITY ST ZIP	T HARRIS, ALLAN C 5905 REINWOOD DRIVE TOLEDO OH	IIII NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IIII NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	IIII NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IIII NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	IIII 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: 		Date: <b>2/14/07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	