2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 852887

Entity Name: SCIENTIFIC RESEARCH PRODUCTS INC. OF DELAWARE

Current Principal Place of Business:

1850 WEST MCNAB ROAD
FT. LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

1850 WEST MCNAB ROAD
FT. LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 59-2128937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIESTER, TYLER
1850 WEST MCNAB ROAD
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

THE STEPHAN CO.
1850 WEST MCNAB ROAD
FT. LAUDERDALE, FL 33309 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: L. BRETT BABB 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FEROLA, FRANK F
Address: 1850 W. MCNAB ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: TD ( ) Delete
Name: SPINDLER, ROBERT
Address: 1850 W MCNAB RD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: AS ( ) Delete
Name: KIESTER, TYLER
Address: 1850 W MCNAB ROAD
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: DVPS ( ) Delete
Name: BABB, L. BRETT
Address: 1850 W MCNAB RD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: TD (X) Delete
Name: SPINDLER, ROBERT
Address: 1850 W MCNAB RD
City-St-Zip: FORT LAUDERDALE, FL 33309

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:

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 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: L. BRETT BABB SEC 04/29/2009
Electronic Signature of Signing Officer or Director Date