2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001375

Entity Name: DARWIN PARTNERS, INC.

FILED Jan 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11 AUDUBON ROAD 11 AUDUBON ROAD WAREFIELD, MA 01880 WAKEFIELD, MA 01880 **Current Mailing Address: New Mailing Address:** 11 AUDUBON ROAD 11 AUDUBON ROAD WAREFIELD, MA 01880 WAKEFIELD, MA 01880 FEI Number: 04-3138280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition FERLAND, BRUCE ROSS, DANIEL Name: Name: 11 AUDUBON ROAD 11 AUDUBON ROAD Address: Address: City-St-Zip: WAREFIELD, MA 01880 City-St-Zip: WAKEFIELD, MA 01880 Title: Title: () Delete TS (X) Change () Addition Name: PERKINS, ALAN W Name: PERKINS, ALAN W 11 AUDUBON ROAD 11 AUDUBON ROAD Address: Address: WAREFIELD, MA 01880 WAKEFIELD, MA 01880 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: CFO () Delete CFO WALSH, DANIEL ROBINSON, FRANCIS Name: Name: 11 AUDUBON ROAD 11 AUDURON ROAD Address: Address: City-St-Zip: WAREFIELD, MA 01880 City-St-Zip: WAKEFIELD, MA 01880 Title: CFO () Delete Title: (X) Change () Addition ROBINSON, FRANCIS BOYLE, BRIAN Name: Name: Address: 11 AUDUBON ROAD Address: 11 AUDUBON ROAD City-St-Zip: City-St-Zip: WAREFIELD, MA 01880 WAKEFIELD, MA 01880 Title: (X) Delete Title: () Change () Addition BOYLE, BRIAN Name: Name: 11 AUDUBON ROAD Address: Address: City-St-Zip: WAREFIELD, MA 01880 City-St-Zip:

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: AMANDA BRADLEY LGL 01/16/2007