2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F06000001375

Entity Name: DARWIN PARTNERS, INC.

FILED Apr 02, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

11 AUDUBON ROAD 701 EDGEWATER DRIVE WAKEFIELD, MA 01880

SUITE 150

WAKEFIELD, MA 01880

Current Mailing Address: New Mailing Address:

701 EDGEWATER DRIVE 11 AUDUBON ROAD WAKEFIELD, MA 01880 SUITE 150 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

ROSS, DANIEL ROSS, DANIEL Name: Name: 11 AUDUBON ROAD 701 EDGEWATER DRIVE, SUITE 150

Address: Address: City-St-Zip: WAKEFIELD, MA 01880 City-St-Zip: WAKEFIELD, MA 01880

Title: Title: TS () Delete (X) Change () Addition Name: PERKINS, ALAN W Name: PERKINS, ALAN W

11 AUDUBON ROAD 701 EDGEWATER DRIVE, SUITE 150 Address: Address:

WAKEFIELD, MA 01880 City-St-Zip: WAKEFIELD, MA 01880 City-St-Zip:

Title: (X) Change () Addition Title: CFO () Delete CFO ROBINSON, FRANCIS ROBINSON, FRANCIS Name: Name:

11 AUDUBON ROAD 701 EDGEWATER DRIVE, SUITE 150 Address: Address:

City-St-Zip: WAKEFIELD, MA 01880 City-St-Zip: WAKEFIELD, MA 01880

Title: () Delete Title: (X) Change () Addition

BOYLE, BRIAN BOYLE, BRIAN Name: Name: Address: 11 AUDUBON ROAD Address: 3 TOMS HILL PATH City-St-Zip: WAKEFIELD, MA 01880 City-St-Zip: TRURO, MA 02666

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: FRANCIS ROBINSON 04/02/2007 **CFO**