2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 14, 2005 8:00 am Secretary of State 03-14-2005 90113 037 ***158.75 DOCUMENT # F51521 ALAN D. KATELL, PH.D., INC. Principal Place of Business Mailing Address 7301 N UNIVERSITY DR. 7301 N UNIVERSITY DR. #210 #210 TAMARAC, FL 33321 TAMARAC, FL 33321 ÷! * 03102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2141771 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KATELL, ALAN D DO NOT WRITE 7301 UNIVERSITY DRIVE, #210 TAMARAC, FL 33321 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE KATELL, ALAN D., PHD NAME STREET ADDRESS 10996 CANARY ISLAND COURT CITY-ST-ZIP FORT LAUDERDALE, FL 33324

DO NOT WRITE IN THIS SPACE

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach; with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP



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