


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F93000004903

1. Entity Name
 TECOLOTE RESEARCH, INC.



Principal Place of Business
 1 S. LOS CARNEROS ROAD STE 125
 GOLETA, CA 93117 US

Mailing Address
 1 S. LOS CARNEROS ROAD STE 125
 GOLETA, CA 93117-5506 US



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-2834773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000927720
 05/20/08-80117-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAKAYESU, JAMES Y 1 S. LOS CARNEROS ROAD, STE 125 GOLETA, CA 93117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MCKERNAN, KAREN H 1 S. LOS CARNEROS ROAD, STE 125 GOLETA, CA 93117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDERIC, BRADLEY C 1 S. LOS CARNEROS ROAD STE 125 GOLETA, CA 93117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KLUGE, ARTHUR J 1 S. LOS CARNEROS ROAD STE 125 GOLETA, CA 93117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAGO, WILLIAM H 1 S. LOS CARNEROS ROAD STE 125 GOLETA, CA 93117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachment with an address, with all other like empowered.

SIGNATURE:  Karen H. McKernan Date: 4/21/08 Daytime Phone #: (805) 571-6366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #