## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F93000004903

Entity Name: TECOLOTE RESEARCH, INC.

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	CARNEROS RO CA 93117 L	DAD STE 125 JS			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1 S. LOS CARNEROS ROAD STE 125 GOLETA, CA 931175506 US			1 S. LOS CARNEROS ROAD STE 125 GOLETA, CA 93117 US		
FEI Number	: 95-2834773	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
		ORPORATION SYSTEM INC.			
	S STREET SSEE, FL 3230	1 US			
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	TAKAYESU, JAN	EROS ROAD, STE 125	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCKERNAN, KA	EROS ROAD, STE 125	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FREDERIC, BR.	EROS ROAD STE 125	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	KLUGE, ARTHU	EROS ROAD STE 125	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	JAGO, WILLIAN	Delete I H EROS ROAD STE 125	Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: KAREN H MCKERNAN CFO 03/25/2009

City-St-Zip: GOLETA, CA 93117 US