
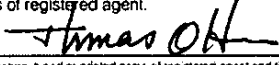
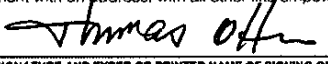


FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90002 016 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J56460			
1. Entity Name HUNTER RESEARCH, INCORPORATED			
Principal Place of Business 1800 PENN ST 2C MELBOURNE, FL 32901 US		Mailing Address C/O HUNTER RESEARCH INC. P O BOX 2737 MELBOURNE, FL 32902 US	
2. Principal Place of Business 4961 BABCOCK ST, NE		3. Mailing Address	
Suite, Apt. #, etc. SUITE 9		Suite, Apt. #, etc.	
City & State PALM BAY, FLORIDA		City & State	
Zip 32905	Country USA	Zip	Country
4. FEI Number 59-2849197		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01062005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent OTTEN, THOMAS H. 1800 PENN ST., SUITE 2C MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4961 BABCOCK ST., NE SUITE 9 City PALM BAY FL Zip Code 32905	
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:  THOMAS OTTEN DATE: 1/6/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OTTEN, THOMAS H. 507 S. RIVER OAKS DR. INDIALANTIC, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 attachment with an address, with all other like empowered. SIGNATURE:  THOMAS OTTEN DATE: 1/6/05 321-951-3630 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			