


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # J89135 1. Entity Name FLORIDA RESEARCHERS UNLIMITED, INC.	
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Principal Place of Business 3105 TIPPERARY DRIVE TALLAHASSEE, FL 32308	Mailing Address 3105 TIPPERARY DRIVE TALLAHASSEE, FL 32308
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04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2861041	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 KORALIS, CAROL C. 3105 TIPPERARY DRIVE TALLAHASSEE, FL 32308

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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS KORALIS, CAROL C. 3105 TIPPERARY DRIVE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT KORALIS, NICHOLAS C. 3105 TIPPERARY DRIVE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KORALIS, ANNA M. 3105 TIPPERARY DRIVE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHANGAS, CHRISTINA 370 OAKLEY DRIVE, #924 NASHVILLE, TN 37211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000558599 05/17/06-80016-014 150.00
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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: *Nicholas C Koralis* **NICHOLAS C KORALIS VP** 4-28-06 850-668-2244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #