2007 FOR PROFIT CORPORATION ANNUAL REPORT

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # L60544 07 APR 26 PM 2: 26 SUNSTATE RESEARCH ASSOCIATES, INC. Principal Place of Business Mailing Address 143 WHETHERBINE WAY WEST 143 WHETHERBINE WAY WEST TALLAHASSEE, FL 32301-8537 TALLAHASSEE, FL 32301-8537 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2998578 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILSON HOWARD, KENDRA Street Address (P.O. Box Number is Not Acceptable) 143 WHETHERBINE WAY WEST TALLAHASSEE, FL 32301 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PST** TITLE TITLE Change ☐ Addition ☐ Defete WILSON HOWARD, KENDRA NAME NAME 143 WHETHERBINE WAY WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP ☐ Delete TITLE TITLE 700098844647 Addition NAME NAME 04/26/07--01028--019 **150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition BILE NAME NAME STREET ADDRESS STREET ADDRESS

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 with all other like empowered changed, or on an attach

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

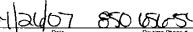
STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete



Change Change

☐ Addition

FILLD