


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000006544
 1. Entity Name
R-GROUP INTERNATIONAL MEDICAL RESEARCH GROUP, INC.



Principal Place of Business Mailing Address
2321 NORTH WEST 66TH COURT **2321 NORTH WEST 66TH COURT**
GAINESVILLE, FL 32653 **GAINESVILLE, FL 32653**

DO NOT WRITE IN THIS SPACE



04252006 No Chg-NP CR2E037 (11/05)
 4. FEI Number Applied For
48-1269297 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
KAHN, DARREN F
2321 NORTH WEST 66TH COURT
GAINESVILLE, FL 32653

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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 re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | D |
| NAME | KAHN, DARREN |
| STREET ADDRESS | P.O. BOX 357235 |
| CITY-ST-ZIP | GAINESVILLE, FL 32653 |
| TITLE | D |
| NAME | KAHN, HENRY J |
| STREET ADDRESS | P.O. BOX 357235 |
| CITY-ST-ZIP | GAINESVILLE, FL 32653 |
| TITLE | D |
| NAME | KAHN, NOREEN J |
| STREET ADDRESS | P.O. BOX 357235 |
| CITY-ST-ZIP | GAINESVILLE, FL 32653 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 agent or trustee empowered to execute this report as required by Chapter 617, 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: *Darren F. Kahn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06
Date Daytime Phone #