


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000009476 1. Entity Name MCCAIN RESEARCH LAB, INC.	
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Principal Place of Business 18735 SW 99 RD MIAMI, FL 33157 US	Mailing Address 18735 SW 99 RD MIAMI, FL 33157 US
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03172004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1563324	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCAIN, WILLIE L 18735 SW 99 RD MIAMI, FL 33157	DO NOT WRITE IN THIS SPACE
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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 Willie L. McCain DATE 3-14-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000094289 03/22/04-80053-015 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCAIN, WILLIE L 18735 SW 99 RD MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCAIN, WILLIE L 18735 SW 99 RD MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCAIN, WILLIE L 18735 SW 99 RD MIAMI, FL 33157
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: Willie L. McCain DATE 3-14-04 DAYTIME PHONE # 305-232-2753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR